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# Necessities of Life



**Older people's  
experiences of poverty**



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# **Necessities of Life**

## **Older people's experiences of poverty**

**Thomas Scharf, Bernadette Bartlam, Jenny Hislop,  
Miriam Bernard, Andrew Dunning and Julius Sim**

**Centre for Social Gerontology, Institute for Life Course Studies, Keele University**

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# Executive summary



This report presents findings from a study which seeks to inform the development of alternative approaches to the measurement of older people's poverty. The research, developed using qualitative techniques, explicitly focuses on the experiences of people who tend to be overlooked in much mainstream research on older people's incomes and material conditions.

The research involved group discussions and individual interviews with older people belonging to a range of potentially disadvantaged groups:

- people aged 85 and over;
- people with a disability;
- older people who are also informal carers;
- people of Bangladeshi origin;
- people of Irish origin;
- gypsies and travellers;
- people living in rural communities; and
- people living in institutional settings.

Drawing on the empirical study, the report argues that attempts to measure older people's poverty should take account of – and ultimately reflect much more strongly – the diversity that exists within Britain's ageing population. This is

likely to require new approaches to the measurement of older people's poverty, and will represent a key challenge for researchers and policy-makers.

## Key findings

### Low expectations

The research reveals the often very low expectations of older people in relation to their living standards. The research team was sometimes genuinely shocked by the modest nature of what disadvantaged older people regarded as being everyday essentials. While all groups and individuals commented on the importance of maintaining their independence in terms of the quality of their lives, not all regarded being able to afford to participate in common social activities – such as having friends or family around for meals or attending weddings – as necessities of life. This points to the degree to which the experience of poverty has been internalised by many disadvantaged older people over the course of their lives. Very few of the research participants had ever been well off during their early years or their working lives, and most had consequently become accustomed to getting by on a modest income.



### Prioritising the basics

As a consequence of generally low expectations, there was a tendency within some groups for older people to prioritise only the most basic of necessities, such as access to food, heating and clothing. Indeed, participants described a variety of coping strategies that they used in order to attain these: for instance, buying food which was past its sell-by-date, or making items such as canned soup last several days. So while some individuals identified themselves as having basic items, this did not always mean that they could afford them in the conventional sense.

Items and activities that the general population regards as being necessary in terms of material well-being were identified by some groups and individuals as being luxuries or non-essentials.

- Only the disabled group saw attending weddings as a necessity of life
- Only the gypsy and traveller group viewed having friends and family round for a meal as a necessity of life
- Only carers and the over-85s viewed an annual holiday as essential
- In contrast to all other groups, those living in rural areas did not regard carpets or the ability to visit friends and family as necessities of life
- In addition, over half of the groups did not regard the following as necessities: having regular savings, having home contents insurance, or replacing worn-out furniture
- Just under half the groups did not regard the following as necessities: presents for friends/family, keeping one's home in a decent state of decoration, and having money to spend on oneself
- The groups which classified the fewest items as essential were those living in rural areas (only 10 out of 20 items identified as essential), and informal carers (only 12 out of 20 items identified as essential),

### Additional indicators of deprivation

Given the older people's low expectations, it sometimes proved difficult to identify other

goods and activities – beyond those for which the researchers prompted – as being essential. However, there is evidence that different groups of older people regard certain items as being necessities of life:

- good-quality food, identified as an issue in some groups: for example, older Irish people commented on the high cost of fresh meat and fish; Bangladeshi men referred to their inability to afford fruit and vegetables that would be a diet staple in their country of origin
- a good pair of slippers, mentioned by people with mobility problems, especially where carpets were worn and they were prone to falling
- a mobile phone, felt by informal carers to be an essential means of keeping in touch with family members, and as a way of being accessible at all times of the day and night
- the ability to pay people who do small jobs around the home (including window cleaning, decorating, gardening, and helping with shopping): regarded as a necessity by some participants, including people aged 85 and over; other people felt that being able to buy in professional care support was a necessity
- mobility: an issue raised by many older people, who regarded a range of forms of transport (including buses, taxis and mobility scooters) as necessities
- suitable places for older people to meet: felt to be important especially by older Bangladeshi and Irish people
- home security: mentioned by several groups in relation to their own homes; also adequate street lighting and pavements so that they could move about safely within their neighbourhoods.

### Older people's messages for policy-makers

Throughout the research participants expressed a sense of injustice about a wide range of issues. Issues raised in this study included:

- the means-testing of benefits, which was seen to be unfair and unduly intrusive into people's lives

- the complexity of applying for benefits, with particular concerns expressed about the difficulty of completing forms for disability benefits
- the general inadequacy of the basic state pension, and the way in which this was upgraded only according to the annual rate of inflation
- the high levels of Council Tax and utility charges, which people on low, fixed incomes often found difficult to pay, and
- the loss of services such as banks, post offices and transport in the local area, which made it harder for people to manage their daily lives.

## Implications for policy and research

### Diversity

In focusing on poverty in later life, it is important that sufficient account is taken of the diversity of experiences that increasingly characterise old age. Researchers have been aware for a long time of the growing heterogeneity of Britain's ageing population, and have been conducting studies which explore the diverse circumstances of different groups within the older population. It is essential that this work continues, with some groups within the older population requiring even closer attention than has hitherto been the case.

The study presents a challenge for policy-makers. Too often, policy is formulated on the basis of assumptions about a standard experience of the life course and of later life. The research shows that this type of approach is likely to overlook the needs of some of Britain's most vulnerable older people.

### Informal social support

The research highlights the importance of community, social capital and strong support networks in the lives of disadvantaged older people. These structures appear to make poverty and disadvantage 'bearable'. Family members and neighbours provide informal care, everyday support and social contact which enable people to maintain a sense of

independence despite often difficult circumstances relating to ill-health, disability, geographical location, ethnicity and the like. At the same time, however, in picking up the pieces this group effectively helps hide from view the stark reality of poverty and disadvantage among many older people in our society.

### Access to information

Many research participants had limited knowledge of the welfare system and were unaware of the range of benefits and support services available. Whether or not people find out about their entitlements often appears to be a matter of luck. As a result, some older people are living in a greater state of poverty than needs to be the case. The report argues the need for mechanisms which mediate between disadvantaged individuals and the benefit system to ensure that people in poverty have equal access to resources.

### Measuring older people's poverty

The deprivation indicator approach described in this report is a useful tool when exploring older people's poverty. However, many older people living on fixed, low incomes do not recognise the degree to which they are disadvantaged in terms of their material resources. The consequence is that older people in poverty tend to view a rather narrow list of items as being essentials of life. The report suggests that future studies should continue to use a suitably broad list of deprivation indicators. These might also take into account some of the items and activities identified by disadvantaged older people as being necessities of life.

### The importance of qualitative approaches

The research points to the importance of using qualitative approaches in order to capture the lived experiences of older people experiencing poverty and forms of disadvantage. The stories presented in the report convey the true impact of low incomes on older people's ability to participate in taken-for-granted activities, and the ways in which poverty diminishes the quality of many older people's daily lives.

# Introduction



Ultimately the sole valid justification for measuring poverty stems from the moral and political imperative that action should be taken to eliminate it. Evidence is sought to persuade governments and/or the wider population of the case for action. To this end, information is needed on the extent and severity of poverty and how it affects different groups.

**(Lister, 2004: 37)**

There is a general concern that traditional approaches to the measurement of poverty may not provide a sufficiently broad picture of the disadvantage faced by many older people who live with limited material resources. In particular, currently dominant approaches to measuring poverty tend to mask the diversity that exists within an increasingly heterogeneous population of older people. The older population varies considerably: in terms, for example, of age, gender, ethnic origin, health status, family circumstances and place of residence.

While there continues to be merit in describing the general patterns that apply to older people in the United Kingdom, it is equally important to focus on the situation of diverse groups within

the older population. For both policy and research, it becomes useful to know whether some groups of older people are consistently doing well, while others continue to struggle to get by. Moreover, general data which describe the proportions of older people living in poverty often fail to convey adequately what it means to be living on a low income in British society.

Against this background, this report has two key objectives.

- 1 It seeks to present an overview of current approaches to the conceptualisation and measurement of older people's poverty in the UK. Drawing on existing evidence from a range of sources, it outlines the strengths and weaknesses of the various approaches, and indicates the degree to which poverty affects different groups of older people.
- 2 It reports on an empirical study undertaken to inform the development of alternative approaches to the measurement of older people's poverty. The research, developed using qualitative techniques, explicitly focuses on the experiences of people who tend to be overlooked in much mainstream research on older people's incomes and material conditions.

On the basis of the findings from the empirical study, the researchers argue that attempts to measure older people's poverty should be able to take account of – and ultimately reflect much more strongly – the diversity that exists within Britain's ageing population. This is likely to require new approaches to the measurement of older people's poverty, and will represent a key challenge for researchers and policy-makers.

### Measuring older people's poverty: different approaches

There is a wealth of research relating to older people's incomes, with a strong focus on those with low incomes (e.g. Adams and West, 2006; Goodman et al, 2003; Parker, 2000; Scharf et al, 2002; Whetstone, 2002). In this section, the researchers provide an overview of the key features of this research, outlining in particular the strengths and weaknesses associated with different approaches to the conceptualisation and measurement of older people's poverty. Drawing on the relevant research, the research team summarises the distribution of poverty among older people in Britain, and assesses how useful the different approaches are in adequately describing older people's experiences of poverty.

#### Measuring poverty

Initially, two decisions need to be made when seeking to quantify poverty – whether this relates to poverty experienced by the general population or by particular groups within that population.

- First, we need to consider the type of material resources against which poverty is to be measured. This involves making decisions about, for example, whether poverty should be judged on the basis of individuals' or household income or their expenditure. It might also require researchers and policy-makers to think beyond income measures and include, for example, appropriate 'indicators' of poverty.
- Second, having identified the nature of the material resources to be included in a measure, a decision needs to be made about how to judge whether individuals or households are

in poverty on the basis of the measure. This might mean judging people whose income falls below a particular figure to be in poverty, or identifying people lacking access to particular resources as being in poverty.

Since there are strongly divergent views on the best response to each of these questions, there is no consensus in research or policy as to the best approach to take when measuring poverty. This also necessarily applies to the measurement of poverty among older people. Before considering the research findings on this issue, a first requirement is to identify some of the key ways in which governments and social researchers have sought to measure poverty in Britain. Although there are a number of alternative approaches, the four most commonly adopted measures are described below.

#### *Budget standards*

Historically, poverty research tended to begin by focusing very narrowly on how much income was required to provide for the basic necessities of life. This approach was initiated by Seebohm Rowntree in his studies of poverty in York at the beginning of the twentieth century. According to this approach, an 'expert' judgement is made about what constitutes an adequate diet and what other essentials are required to guarantee survival (including, for example, housing, heating and clothing). When an individual's or household's income does not cover the cost of a basic diet and other necessities, they are judged to be in poverty.

#### *Social security levels*

With the emergence of the welfare state after the Second World War, a different yardstick became available with which to measure poverty. The introduction of social security benefits to meet the income needs of individuals in a variety of situations meant that a poverty line could be drawn in relation to the prevailing rates of such benefits. The attraction of this approach stems not only from its simplicity but also from the fact that benefits rates – including the way in which they are up-rated – in some way reflect society's views about the level of income required to maintain an acceptable standard of living.



### *Relative poverty levels*

The most prevalent current approach to measuring poverty, and that favoured by the UK government, is based on average levels of income. According to this approach, households are judged to be in poverty if their income falls below a particular level in relation to the national average income. The measure that is currently used by the UK government, and governments of other European countries, is based on a figure set at 60 per cent of median household income, with adjustments usually being made to take account of housing costs.

### *Consensual measures*

A measurement approach which emerged in the 1980s is commonly referred to as being a 'consensual' (or deprivation indicator) approach. In this case, poverty is measured not simply on the basis of income, but by drawing on a wider measurement of living standards to reflect the importance of both material and social resources. This approach, recently explored in some depth by the Department for Work and Pensions (Berthoud et al, 2006; Dominy and Kempson, 2006), involves a series of steps. First, there is an attempt to identify the types of goods and activities that most people regard as being necessities of life – usually by conducting a national survey of the target population. In a second step, a survey is undertaken to identify the extent to which people are able to afford the items perceived by a majority of the population as being necessities. Finally, people are judged to be in poverty if they lack access to a particular number of such necessities on the basis of a lack of affordability.

While this particular type of poverty measure may seem relatively new, its foundations can be traced back to eighteenth-century views about how poverty might be conceptualised. This is reflected, for example, in Adam Smith's views on the necessities of life:

*By necessities, I understand not only the commodities which are indispensably necessary for the support of life but whatever the custom of the country renders it indecent for creditable people, even of the lowest order, to be without. A*

*linen shirt, for example, is strictly speaking not a necessity of life... But in the present time... a creditable day labourer would be ashamed to appear in public without a linen shirt.*

(Smith, 1776)

## Reflection on different measurement approaches

There are strengths and weaknesses associated with each of the approaches to measuring poverty described above. Indeed, this partly explains the absence of a universally accepted poverty measure. There are, however, at least three points that should be borne in mind when reviewing the different ways of measuring poverty.

- 1 Given that each of the measures is to some extent arbitrary, it would be wrong to claim that there is such a thing as an 'objective' poverty measure. For example, classifications based on absolute thresholds tend to produce arbitrary classifications. Thus, drawing on the relative income approach, there is no reason why a household living on 59 per cent of median household income should be classed as being in poverty when a household with an income of 61 per cent of the average is judged not to be in poverty.
- 2 All measures are prone to change over time in accordance with general changes in the living standards of society as a whole. Not only do average household incomes rise and fall, but the types of goods and activities that people regard as necessities are likely to vary over time. In this respect, poverty measures should be flexible to cope with such anticipated social and attitudinal change. A key issue to be faced when developing poverty measures is, therefore, the way in which they can be altered in line with wider changes within society.
- 3 The range of measurement approaches discussed here highlights the multi-faceted nature of poverty. This suggests that it might be more appropriate to adopt a range of measures when seeking to quantify poverty, rather than just a single measure.

## The prevalence of poverty in Britain: how many older people are poor?

Current trends in older people's experience of poverty should be viewed within the context of a steady rise in pensioner poverty through the 1980s. Since the beginning of the 1990s the proportion of older people experiencing low incomes has tended to fluctuate. The current pattern is to be discussed here with reference to data derived using two of the measurement approaches described above – the relative income and consensual approaches.

### Relative income approach

In general, the proportion of pensioners experiencing relative poverty, defined as receiving less than 60 per cent of median household income (before and after housing costs), has been falling in recent years. The extent of the fall depends on whether household incomes are measured on a before- or after-housing-costs basis. On the after-housing-costs measure, the percentage of pensioners living in low-income households has fallen from 28 per cent in 1996–7 to 17 per cent in 2004–5. The before-housing-costs measure shows a slightly smaller fall in poverty rates over this period. In 2004–5, 19 per cent of pensioners were defined as poor using this measure, compared with 22 per cent in 1996–7 (Department for Work and Pensions, 2006: 92). Drawing on the Family Resources Survey, government figures suggest that in 2004–5 some 2 million pensioners were living in households with below 60 per cent of median household income on a before-housing-costs basis. After taking account of housing costs, the number was 1.8 million (Department for Work and Pensions, 2006: 93).

The risk of living in poverty is distributed unevenly across the older population. In this context – both before and after housing costs – single female pensioners were more likely to be in poverty than their male counterparts; pensioner couples aged 75 and over were at greater risk of poverty than those aged 60–65 to 74; and pensioners belonging to black and other

minority ethnic groups were significantly more likely to be in poverty than those who describe themselves as being white (Department for Work and Pensions, 2006: 90).

Not all older people who are in poverty at a particular point in time remain in poverty. In this respect, longitudinal data from the British Household Panel Study are useful in illustrating the degree to which relative poverty is an enduring feature of pensioners' lives. People are defined as having a persistent low income if they have lived in a household with a low income in at least three years out of a four-year period. According to this approach, 18 per cent of pensioners had a persistently low income in the period 2000–3 on a before-housing-costs basis, and 16 per cent on an after-housing-costs basis (Department for Work and Pensions, 2006: 92). Closer analysis of these data suggests that 90 per cent of pensioners living below the poverty line are in persistent poverty. These proportions have barely changed since the mid-1990s, suggesting the existence of a core group of older people for whom poverty is a chronic problem.

### Consensual approach

The consensual (or deprivation indicator) approach to measuring poverty has been favoured in recent years by researchers who wish to move beyond the abstractions associated with the relative income approach (see Gordon et al, 2000; Mack and Lansley, 1985; Pantazis et al, 2006). It draws on the general population's perceptions about what constitutes a reasonable standard of living, and what types of resources individuals should have access to in order to be able to participate adequately within society.

In making the link between general societal expectations and poverty, this approach also serves to challenge prevailing myths. For example, highlighting the fact that there continue to be many people who struggle to afford even the most basic foodstuffs contributes to an increased public awareness of what it means to be living in poverty in contemporary Britain. Most recently, this approach was adopted in the 1999 Poverty and Social Exclusion (PSE) Survey.

The study drew on an earlier national survey of the adult population, which highlighted 35 items and social activities regarded by 50 per cent or more of people as being necessities of daily living. In the PSE Survey, respondents were asked to identify items that they did not have or activities that they did not do. People who lacked two or more of the items and/or activities because they could not afford them were judged to be in poverty (Pantazis et al, 2006).

In relation to older people, the PSE Survey showed 22 per cent of pensioner households to be in poverty in 1999. This contrasted with a figure of 25 per cent for all households. The highest poverty risk was found among single pensioners aged 60–65 and 79 years of age, of whom 30 per cent were in poverty (Patsios, 2006: 436).

A similar methodology was used by Scharf et al (2002) in a survey of older people living in socially deprived urban areas. Taking the 26 items and activities judged to be of most relevance to a sample of 600 older people, this study found 45 per cent to be living in poverty. The poverty rate was highest amongst people belonging to some black and minority ethnic communities, with 77 per cent of Somali, 67 of Pakistani and 56 per cent of Black Caribbean older people lacking at least two basic necessities. Seven per cent of those interviewed in that particular study were not able to afford eleven or more of the items and/or activities identified by a majority of the adult population as being necessities of daily life (Scharf et al, 2002: 29f).

Recent research commissioned by the Department for Work and Pensions demonstrates how much the framing of questions on material deprivation affects the numbers of older people who are found to be in poverty on the various indicators (Berthoud et al, 2006). For instance, in secondary analysis of the PSE survey, people were found to be less deprived the older they got if they were asked whether they could afford items. Conversely, when asked whether or not they simply had the items, people were found to become more deprived with age. This demonstrates the

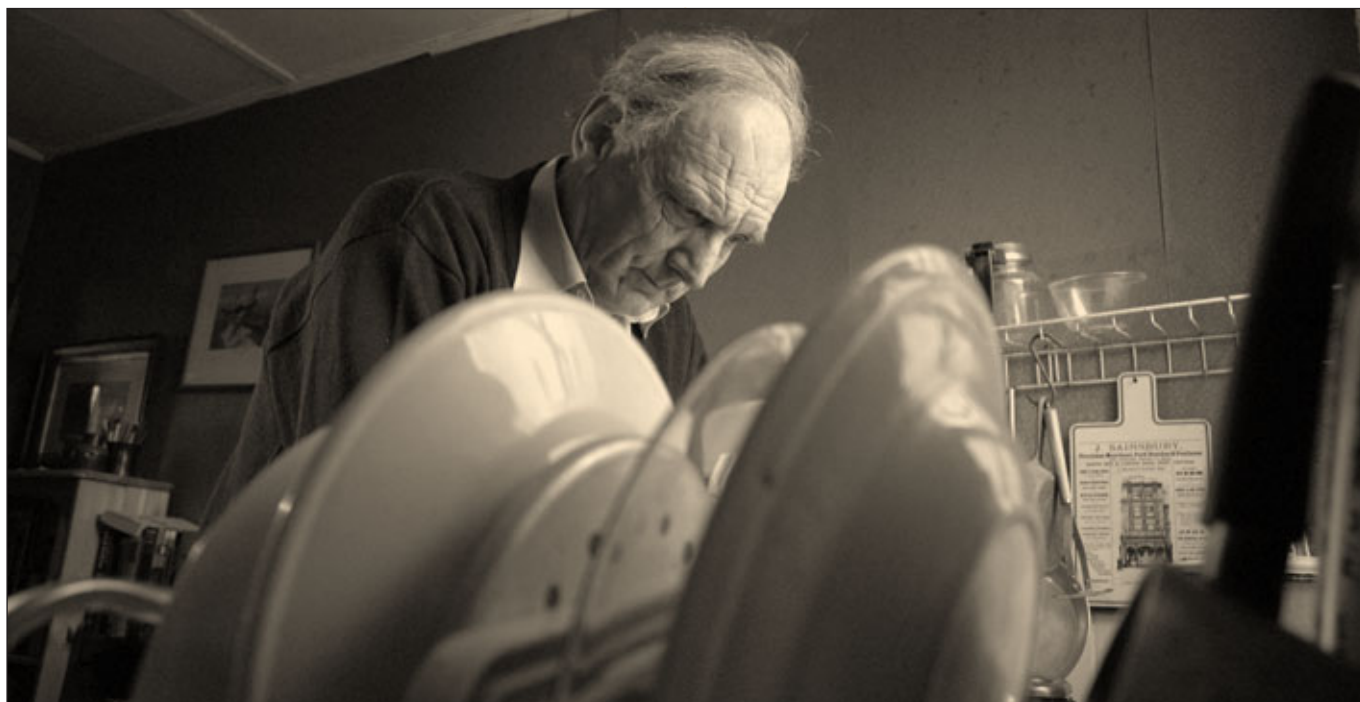
sensitive interrelationship between people's attitudes to money and their responses to such questions. Further qualitative research suggests that while people may appear to have items, this often arises from the assistance of family and friends rather than from the older people's (often inadequate) income (Dominy and Kempson, 2006).

### Summary

The various poverty measures together point to a persisting problem of poverty affecting a significant proportion of older people in England. The relative poverty and consensual approaches indicate a continuing gap between the material resources of older people and those of the population as a whole. Despite their different methodologies, the relative income and consensual approaches suggest similar proportions of older people – between one-fifth and one-quarter – being in poverty at the end of the 1990s and the beginning of the twenty-first century. About 18 per cent have persistently low incomes. Despite a recent decline, the proportions of older people in poverty have altered relatively little since the mid-1990s.

The research shows that some groups of older people continue to be disproportionately affected by poverty. Indeed, the groups who have historically been most acutely affected by poverty are still those most likely to live in low-income households. This includes (single) female pensioners, people aged 75 and over, those belonging to some black and other ethnic minority groups, and older people living in deprived urban and rural communities. The reasons for such poverty tend to be structural and are consequently less amenable to change brought about by recent government investment in reducing pensioner poverty (see Phillipson and Scharf, 2004). While it has been possible to lift a considerable proportion of those on the margins of poverty out of this state, there is a large 'hard-to-reach' group of older people whose daily lives continue to be blighted by the experience of poverty.

# Rationale for the research



National data, such as those that arise from major government surveys, tend to be of limited use when it comes to addressing the situation of a number of sub-groups within the older population because sample sizes are too small. Similarly, while survey data are useful in describing the proportions of older people living in poverty at an aggregate level, they often fail to convey adequately individuals' experience of living on a low income in British society.

In addition, questions concerning income and personal finances are laden with sensitivities which may result in people being less forthcoming than they might be in relation to other aspects of daily living. Moreover, for individuals belonging to some minority ethnic groups there may be additional, culturally based, tensions that can result in them feeling uncomfortable about answering detailed questions of a personal nature. In large-scale surveys, researchers also generally lack the time to draw out information from respondents who are uncomfortable when discussing their circumstances.

## Researched groups

Through existing research evidence, and on the advice of Help the Aged and other expert

colleagues, eight groups of older people were identified:

- people aged 85 and over
- people with a disability
- older people who are also informal carers
- people of Bangladeshi origin
- people of Irish origin
- gypsies and travellers
- people living in rural communities, and
- people living in institutional settings.

These groups were chosen to reflect a range of characteristics and conditions. In terms of the older population as a whole, the first three groups were selected as representing increasingly commonly occurring experiences of ageing. A further three groups were chosen as a way of illustrating the growing ethnic diversity of Britain's older population. As work had already been carried out with the Somali, Black Caribbean, Indian and Pakistani communities it was decided to focus on other groups. Finally, two groups were chosen to reflect the significance of location in relation to debates about poverty and age-related inequalities. While there is a growing body of research



evidence relating to the material circumstances of older people in urban neighbourhoods, the same cannot be said of people who live in rural areas or those living in institutional care settings.

In adopting a focus on these particular groups, two further points are relevant. First, the research team was conscious of the interactions between the characteristics of the different groups, and indeed this became a key theme in the research. Second, it was recognised that the team was seeking to access the experiences of older people who have traditionally been regarded as hard-to-reach in both research and policy terms. People belonging to these groups might also be cautious about engaging in research for a variety of reasons. A major challenge, then, was to identify not only ways of reaching such individuals, but also ways of reassuring them about the integrity of the research.

### Methods

In the empirical component of the research reported here, the research team has sought to develop aspects of the methodology used in previous work undertaken at Keele University (e.g. Scharf et al, 2002) and in the Poverty and Social Exclusion Survey (Gordon et al, 2000; Pantazis et al, 2006). In addition to generating new empirical data, a key feature of this work is that it was intended to inform the development of alternative approaches to the measurement of older people's poverty. This reflects a view that measures of poverty that are perceived to be objective are often insufficient when it comes to addressing the breadth of poverty and the diverse ways in which poverty impacts on people's lives (Bernard, 2000, pp 75–6). As mentioned above, the approach adopted in this study explicitly focuses on the experiences of people who tend to be overlooked in much mainstream research on older people's incomes and material conditions.

The study occurred in four discrete but closely linked phases: identification of stakeholders/ gatekeepers and establishing access;

development of research tools; empirical data collection; and data analysis. More detail on the methodology can be found in Appendix 1.

### Interviews

Seven group discussions were conducted with 44 people aged 60 and over belonging to one or more of the groups previously identified. A further 23 semi-structured, in-depth individual interviews were undertaken with people belonging to the target populations but who had not been participants in the group interviews.

### Research questions

The research addresses the following questions:

- What are the key types of material disadvantage faced by the different groups of older people, and how is such disadvantage represented in individuals' and groups' narratives?
- What are the similarities and differences in the experiences of the different groups of older people? What comparisons can be made between the different groups and the general population of older people?
- What factors are associated with the experience of disadvantage? This might include such characteristics as age, gender, ethnic origin, health status and geographic location
- In what ways does lack of access to material items and/or social activities on the grounds of limited financial resources affect older people's quality of life?
- What is the evidence for 'cumulative disadvantage' through the life course as a factor in old age poverty?
- What lessons arise from the study for researchers and policy-makers? This includes lessons about potential improvements in the ways in which pensioner poverty should be measured (in national surveys).

Throughout this report pseudonyms have been used in order to protect the identities of the research participants.

**Table 1** Research participants

<b>Group</b>	<b>Group participants</b>	<b>Individual interviews</b>	<b>Area</b>
<b>People aged 85 and over</b>	3 men 2 women	2 men 1 woman	North Midlands
<b>Disabled people</b>	7 women 1 man	3 women	North Midlands
<b>Informal carers</b>	5 women 2 men	2 women 1 man	North Midlands
<b>Bangladeshi people</b>	5 men (Group 1) 5 women (Group 2)	None	West Midlands
<b>Irish people</b>	1 man 5 women	1 man 1 woman	North West
<b>Gypsies and travellers</b>	None	4 women	North Midlands
<b>Rural people</b>	4 men 4 women	2 women 1 man	Peak District
<b>People living in institutional care</b>	None	3 women 2 men	South Wales
<b>Total</b>	<b>7 groups</b> <b>(44 participants:</b> <b>16 men, 28 women)</b>	<b>23 interviews</b> <b>(7 men, 16 women)</b>	

# Research findings



## Introduction

The research findings are presented in two stages:

- 1 In order to provide a contextualised account of the impacts of poverty and material deprivation on older people's daily lives, they appear in the form of case studies. These have been developed to illustrate not only the unique nature of disadvantage facing individuals belonging to the distinct groups engaged in this research, but also areas of overlap between the different groups. Each case study is introduced with a summary of some of the key issues facing the particular group to which the person belongs.
- 2 Drawing on the full range of data collected in this study, findings are grouped according to a range of themes that emerged from the detailed analysis of interview transcripts. This section explores such issues as older people's experiences of poverty through the life course, their expectations of life, and people's strategies for coping with disadvantage in later life.

## Case studies

This section presents nine case studies of older people affected by forms of material disadvantage. The case studies were chosen to reflect variations in standards of living and in the nature of individuals' vulnerability to different forms of poverty across and within the groups, as well as such characteristics as age, gender, marital status and place of residence. Where appropriate, the case studies are introduced with some general comments about the circumstances of the wider group to which the older person belongs. This information draws upon the remaining individual and group interviews undertaken for this study.

Key characteristics of the case study participants are summarised in table 2. The table also illustrates several overlaps between case study participants in terms of individuals' membership of the different groups that form the basis for this study. In order to highlight the importance of such intersections, the team chose to develop a composite case study. As a disabled woman aged 98 who lives in a rural community, Mrs Gordon belongs to three of the groups that represent the focus of this study.

**Table 2** Summary of case studies

Name	Group	Key characteristics
<b>William Booth</b>	People aged 85 and over	Widowed man aged 86 with terminally ill son; registered blind; lives in sheltered housing.
<b>Muriel Arthur</b>	Disabled older people	74-year-old widow, with 2 children living in close proximity to her home; limited mobility arising from arthritis in knee and foot joints.
<b>Edward Taylor</b>	Older informal carers	70-year-old carer of his wife who has severe respiratory problems. The couple have a daughter and 2 grandchildren.
<b>Faruque Hossein</b>	People of Bangladeshi origin	Married man in his late 60s, living in a deprived neighbourhood; has 3 children and 4 grandchildren living locally; migrated to Britain in 1963; has diabetes and limited mobility.
<b>Daniel O'Brien</b>	People of Irish origin	62-year-old unmarried man; migrated to England 43 years ago; lives in a one-bedroom bungalow; has chronic arthritis.
<b>Ethel Jones</b>	Gypsies and travellers	84-year-old widow, has lived in a static caravan on a small site for 10 years; shares her home with a disabled daughter; a second daughter and her family live next door.
<b>Dorothy Ellis</b>	People living in rural communities	70-year-old married woman, living in a bungalow in an accessible rural village in the Peak District; cares for husband with Parkinson's disease.
<b>Mildred Roberts</b>	People living in institutional settings	82-year-old woman, living in a nursing home in South Wales for two years; has some difficulties with mobility, but generally in good health.
<b>Nellie Gordon</b>	Composite case study	98-year-old disabled woman, living in her own home in a rural community; widowed for 30 years; registered blind; has son and daughter living locally.

## People aged 85 and over

### Key issues

- Having lived through or during the aftermath of two world wars, this group seemed to have relatively low expectations compared to cohorts born after them.
- For the oldest old, continued service to others and participation in a range of social activities were crucial factors in determining quality of life. Access to material resources

appeared to play a secondary role in relation to individuals' perceptions of well-being.

- Independence, however reduced, represents a pivotal part of an individual's self-identity, and is fundamental to feelings of self-worth and meaning in life. Even in advanced old age, there was substantial evidence of people seeking to maintain their independence.
- People belonging to this group are more vulnerable when 'everyday' illness or infection strikes. This includes the common

cold. In such debilitating situations, the oldest old can find it difficult to access non-emergency health care services.

### **Case study: William Booth**

'You have to go on living...'

William Booth, an 86-year-old man living in sheltered housing, is registered blind. His home is on the edge of a large conurbation in the West Midlands, bordering open countryside. He has lived all his life in the same area and has one brother, eight years younger, who also lives nearby. Mr Booth is not entirely sure how many other siblings he had, but thinks there were at least another two who died in infancy. His father was away during most of the First World War, serving in Mesopotamia, and he describes his mother's life, and his own childhood, as hard. Mr Booth left school at 14 and went to work as a 'runner' for a local shop. He saw armed service throughout the Second World War, including the retreat from Dunkirk, and eventually retired as a site manager for a local building company. He married a local woman during the war and they had one son. Mrs Booth died in 2000, after many years of disability, and their son, who is not married and has no children, is now terminally ill.

Mr Booth's life experiences have left him with a very stoical attitude, as evidenced when he describes being run over by a motorcyclist in the nearby town, an incident which left him with considerable cuts and abrasions:

*'I had an accident once. I was knocked over by a motorcycle [when I was] trying to cross the road with my stick. But I wasn't badly hurt and I carried on with my shopping. I was very lucky. Been very lucky all my life when I think about the times I could have been killed in France.'*

### **Standard of living**

In describing his standard of living, Mr Booth referred back to his childhood and early adult experiences:

*'It means that you're living in better conditions than you did 50 years ago when you'd got a gas*

*mantle, and no form of heating except a fire. The standard of living is far higher... We lived in bad conditions and if you didn't work in them days you starved.'*

By virtue of his own hard work, he believes that he now has a good standard of living: *'I suppose I've always battled through my life and used my intelligence as much as I could. I can't say I've always enjoyed it.'*

### **Necessities of life**

Mr Booth is clear that there are very few true necessities in life: *'I scraped and saved for years and if I didn't have a television, I went without.'* He considers very few of the items discussed from the list as necessities. Those he does view in that way include funerals. However, in keeping with the majority of people interviewed in this study, he did not feel that attending weddings was a necessity. Other necessities were heating, weatherproof clothing and shoes, living in a damp-free home and having a good diet. Mr Booth particularly emphasises the importance of public transport, which he relies on to get around. Other items and activities, including holidays, were regarded as luxuries:

*'When I was fit enough I couldn't afford holidays and then I was looking after the wife for years so I still couldn't have a holiday. I did have one or two holidays with the wife and began to travel round the country. I wouldn't say it's essential. It's essential to keep living. It's something I could do without.'*

When asked about the importance of being able to save a little each month, he reports finding himself in a Catch-22 situation because of his own hard work:

*'To me it's always been essential to save as much as possible. But we suffer for it in the long run because we pay full rent and rates, which is above £90. By the time I've had tax off my pension, consequently you're roughly £20 down before you get the luxuries of life like food and water and heating and lighting and stuff like that.'*



## Quality of life

Mr Booth has always enjoyed painting, gardening and classical music, and says that these are what he would see as giving quality to his life. There is a clear sense of the importance of these when, for example, he describes his relationship with the environment before he lost his sight:

*‘Brilliant, it’s like being in another world. Go walk up there [path leading from his garden], see the mountains of Wales, not all the time. Middle of winter when the air’s clear and the Arctic wind’s coming down and cleaning the air up and you can see the blooming mountains 50 miles away. Top of the hill, if you climb up to the top... Sometimes going up to [village] cemetery on the path there, part way along there you can still see over to [village] church. To me that’s environment when you’ve got the countryside. Brilliant. I used to go walks all round even when I was looking after the wife. She couldn’t move a muscle. I used to put her in bed in the afternoon and go catch a bus to one place or another, down [place] valley and walk miles...’*

Nowadays, he tends the small patch of garden outside his flat as best he can and enjoys the smells and fresh air.

Health has assumed a prominent role in terms of Mr Booth’s quality of life. In addition to his sight problems he has asthma which leaves him struggling for breath at times. He reports difficulties in accessing his doctor, who refuses to visit him at home even when he feels unable to leave his bed. There is a disabled lady living in a flat nearby and Mr Booth makes afternoon tea for her each day, and describes ‘trying to help people like Mary’ as very important in terms of giving his own life quality.

## People with disabilities

### Key issues

- Older people with disabilities relied heavily on information services to learn about and access the support they needed.

- Family carers were often over-stretched and unable to find relevant information on behalf of the disabled person they were caring for.
- Expectations in terms of standards of living and material resources were directly related to life course histories, which were often rooted in poverty.
- Restructuring needs and wants played an important role in coping with the limitations imposed by particular forms of disability, and in creating a meaningful life.
- For older people with disabilities, access to services and opportunities for socialising could be complicated and difficult. For example, it might be possible to drive to a large supermarket or shop but impossible to get around once there.

### Case study: Muriel Arthur

‘I don’t have to go without anything’

Muriel Arthur, a 74-year-old widow, lives in a housing estate on the edge of a major conurbation in the English midlands. She has lived in the same home for over forty years, raising two children, both of whom live nearby with their own families. Mrs Arthur worked in the local ceramics industry for much of her life, and continues to be active in her retirement helping out in a variety of local voluntary groups. However, her mobility is severely limited by longstanding problems with the joints in her knees and feet, and she is registered disabled. She also has diabetes. Mrs Arthur is able to cope with her health problems by receiving a lot of support from family, friends and neighbours. This includes help with transport, shopping, and a range of household chores.

### Standard of living

Having always led a modest life, Mrs Arthur feels that she has a reasonable standard of living:

*‘Some people like a lot of entertainment, you know, and things like that. But I mean smoking and drinking and going to the bingo hall and that doesn’t bother me. I mean I have a go on the*

*Lottery, I have a little bit of whisky now and again, not a lot...'*

While she avoids spending money on items like chocolate, being diabetic, she does buy a bunch of flowers for herself each week. She is able to support this modest lifestyle with her state pension, a small occupational pension, and receipt of Disability Living Allowance:

*'I think if you get DLA, that gives you the quality for travelling about and getting a taxi and going places. It's just the walking as I struggle with.'*

She is a strong advocate of proper welfare advice, and has often recommended that other older people seek out the Citizens Advice Bureau for a benefit check:

*'I used to take no end [of pensioners] up there, you know. Well, if you're struggling, go and have a benefit check.'*

### Necessities of life

When responding to questions about the items and activities that might be perceived as necessities of life, the limitations of Mrs Arthur's expectations came to the fore. While such basics as having fresh fruit and vegetables, a damp-free home, being able to replace worn-out electrical goods, and a telephone were regarded as essentials, social activities seemed to be less of a priority, perhaps reflecting Mrs Arthur's loss of mobility. For example, she didn't feel that having friends or family round for a meal or snack was a necessity in her situation:

*'I mean if I want to go for a meal, ours, I go there. They don't come here, you know, because they know as I can't [do it]. And they've got a lot bigger houses.'*

Similarly, visiting friends or family was less important:

*'If you haven't got it [money] and they're good friends, they'll come to see you.'*

Reflecting on her financial situation, Mrs Arthur commented:

*'I don't have to go without anything, I meself, because I would limit meself to it, and even if I only had – if I'd got half a dozen eggs and I had*

*a boiled egg and a piece of toast every morning and, like, six tins of soup, you don't have to go without.'*

### Quality of life

In describing her current quality of life, Mrs Arthur makes a comparison with much earlier times when she was more mobile and could travel with friends to a number of different European countries: *'So I mean I've had a good quality of life really compared to now.'* While she tries to keep active, and enjoys her voluntary activities in the local community and participation in a group of widows, Mrs Arthur feels the quality of her life is reduced by a loss of mobility:

*'You've got to take your time. But I mean once you've got in [local shopping area], I can't walk for shopping, you know. Them are the things [that reduce quality of life]. But then again, some people like it. But I mean to me, you shop, shop, shop and you keep buying for the sake of buying sometimes, you know, so I don't know...'*

However, having previously helped out in a charity shop, she is well aware that other older people are in a worse situation:

*'They've come in and if they've only had... a couple of books and they've had perhaps a skirt, and they've wrote it down – how much they've spent.'*

### Informal carers

#### Key issues

- Older carers face a struggle to remain in their own homes, often reporting the offer of a move as the first solution suggested in the face of increasing needs.
- For this group, as for others, finances were a major source of anxiety. However, such concerns were exacerbated for informal carers, who could struggle with the additional demands placed on them by the needs of the person they were caring for.
- A number of informal carers highlighted difficulties associated with the current system

of disability benefits. Particular concerns related to eligibility for receipt of Attendance Allowance (AA) and – especially the mobility component of – Disability Living Allowance (DLA). Eligibility criteria for these benefits were viewed as excessively complex, and by some as discriminatory.

- Eligibility for the Motability Scheme is linked to that for DLA. Since most people over the age of 65 are ineligible to receive support for such benefits, some older carers who could otherwise be mobile struggled with isolation. While the carer might be able to use public transport, to do so would mean leaving the person being cared for alone, which was often felt to be unsafe except for short periods. Where people managed to keep a vehicle on the road, such vehicles were often very old and had been bought during earlier times of employment. As a result, they tended to be unfit for purpose. These issues combined to reduce informal carers' opportunities to maintain and develop social relationships both for themselves and for the person they were caring for.

### Case study: Edward Taylor

'I never thought of myself as a carer then – I was just a son. And I don't consider myself a carer now.'

Edward Taylor is a 70-year-old married man with a daughter and two grandchildren. Since retiring at the age of 60, he has cared both for his mother until her death five years ago and, more recently, for his wife, who suffers from severe respiratory problems. Approaching their golden wedding anniversary, Mr and Mrs Taylor enjoy a close and contented relationship despite her deteriorating health. Eschewing the title 'carer', Mr Taylor believes that caring for his wife now is simply part of a continuity of care he has shown as a husband throughout their married life.

### Standard of living

Mr Taylor prides himself on being 'totally independent', owning his own home and car and enjoying a two-week holiday each year. He

admits, however, that financially the couple face an ongoing struggle, 'just keeping our heads above water'. Although his wife receives Attendance Allowance, the couple is ineligible for other benefits:

*'I know they've [the government] got to draw a line somewhere, but the average person, a person that's worked all his life, is penalised just because he gets a full state pension. I mean penalised. End of story. He's not allowed nothing. Well, certainly carers [are not].'*

Mr Taylor's experiences of seeking advice on his benefits entitlements have been negative and reinforce his belief in the injustice of the system for people who have worked hard all their lives to provide for a comfortable retirement:

*'I despise going in. Stand in the queue – you know, for a form – which I did. The woman says, "Look at it this way, Mr Taylor. If your wife was the carer, right, and for obvious reasons a woman won't pick up a full pension, we would make up the shortfall, but because you're over that [limit], I'm sorry." That's what they told me.'*

Central to being able to cope, he believes, is a small company pension, based on the final 20 years of his working life. This supplements his state pension: 'If I didn't get that pension we would have been on the breadline.' Yet, like other people in the study, he sees occupational pensions as 'a millstone around nearly everybody's neck', pushing people over the cut-off limits for means-tested benefits.

### Necessities of life

In terms of everyday necessities, Mr Taylor is satisfied with his life and feels he does not go without anything. Many of his needs at present revolve around caring for his wife. A recent assessment by social services resulted in the installation of grab rails in the bathroom, and he is on a waiting list for a stair-lift, which will be of considerable help in enabling his wife to move around the house. He is unsure, however, when this will be installed:

*'Whether it'll take one year, two years, or three years, one doesn't know. But that will be a must, a must.'*





While he describes himself as *'just coping at the moment'*, disability aids such as these will become increasingly important if Mr Taylor and his wife are to remain in their home. His response to suggestions that they relocate to a bungalow reveals the importance of the home as a key point of continuity in later life:

*'The first thing they [social services] said was "Why don't you look for a bungalow?" We don't want to move. We don't want to move! We've got a lovely little house, we have.'*

Mr Taylor feels that help with caring for the personal needs of his wife is not yet necessary. However, he recalls the difficulties experienced in the past as a son caring for his mother, highlighting, in so doing, the gendered dimension of caring:

*'For two years or more I did everything for my mother. I washed her, I stripped her, I bathed her. I wiped her behind. I did everything before I could get any help and until somebody decided somewhere from the social services that that*

*wasn't the job of a son. If I'd been a daughter it'd probably have carried on. But I finally got her a shower and home help.'*

Although personally he would be happier without it, Mr Taylor believes that having a car is essential in caring for his wife: *'I could take it down the scrap heap, my car, or sell it, I should say. It wouldn't bother me.'* He expresses concern about the condition of his car and if he could afford it would *'get rid of it and get a bit better [one], because we're entirely dependent on that, we are'*. As a recipient, through his wife, of Attendance Allowance rather than Disability Living Allowance (DLA), and being over 65, Mr Taylor is unable to access schemes such as Motability which would help in purchasing a new car. With no public transport available, Mr Taylor would depend on friends and taxis if his car broke down.

Mr Taylor acknowledges the support he receives from the local Carers' Association in finding his way through the bureaucracy associated with informal caring. Since caring for his mother he

has been sent the carers' magazine, which he finds a useful source of information. He has found the Association very helpful, especially since his wife came out of hospital twelve months ago:

*'They suggested we put in for Attendance Allowance. We should have done it years and years ago. Lorna [from Carers' Association] helped me fill forms and all that sort of stuff. That has been a fantastic help.'*

### Quality of life

Although Mr Taylor acknowledges that his wife's illness has impacted on the quality of his life, his faith and beliefs, and wide circle of friends, have provided strong support:

*'Being a church-goer, it opens dozens of avenues for us because we've got friends that if we hadn't gone to church we wouldn't have had. We wouldn't have known half the people around here. And certainly at this time [with his wife's illness] it's one of our strong beliefs and quality of life.'*

Alongside this, Mr Taylor describes the importance of his relationship with his wife and family in providing a source of contentment:

*'When I say contented – just say, for instance, the wife's in that room – I'm in that room watching football and we can go hours and hours without saying a word and that's just it, you know. It's a lovely, lovely feeling and as things are now it couldn't be any better other than my wife's health.'*

Being able to take holidays once a year with his wife and to go out during the day adds to the quality of Mr Taylor's life. However, he recognises that 'in years to come' this might change and he may have to seek respite care if he is to have quality time to pursue his own interests. At present, however, having a mobile phone facilitates leaving his wife alone for short periods, enabling him to enjoy some leisure time and to do occasional voluntary work for the local residents' association:

*'I can go out. I do dozens of things and as long as I've got a phone my wife is at arm's length from*

*me – we're all right. If I thought my wife wanted me, I wouldn't have entertained coming here [to interview location].'*

## People of Bangladeshi origin

### Key issues

- Older Bangladeshi people raised a number of concerns about the health system. These related to both language difficulties and perceived inadequacies in relation to meeting culturally based health needs.
- Women in particular reported that lack of access to transport was a major obstacle to community participation and limited individuals' quality of life.
- Life-time histories of employment in low-paid jobs meant that this group had become accustomed to living on very restricted financial resources. Few people had been able to set money aside for retirement.
- Despite their limited finances, and in common with other groups, older Bangladeshi people generally reported having a good quality of life. However, this was rooted in very modest expectations and in early life experiences of severe deprivation.

### Case study: Faruque Hossein

'Now I am old, nobody looks after us'

Faruque Hossein, in his late 60s at the time of the interview, migrated to Britain from Bangladesh in 1963. He and his wife live in a home that they own outright in a deprived neighbourhood of a West Midlands city. The couple have three children and four grandchildren, all of whom live locally. Mr Hossein describes his health as being good, but he has diabetes and limited mobility. Having lived and worked in Britain for over 40 years, Mr Hossein has a reasonable command of the English language. To improve readability it has, however, been necessary to edit the transcript of this interview.

### Standard of living

After migrating to the UK, Mr Hossein worked without interruption until his retirement in 2005 – something of which he is very proud:

*'I never missed work and never [had a] sick note, never go to doctor, continue going in to work.'*

His income consists of a basic state pension and a very modest occupational pension. Despite working for more than 40 years, his low employment earnings meant that he was never able to save enough money to put aside for his retirement. As a result, Mr Hossein feels that his standard of living is poor compared to when he was working:

*'I think the thing is, I get now nearly £100 a week myself but this money is limit[ed] money. I can't do, if I want [to] spend on other thing[s]. You know, nice summer time [is] coming. Lovely, lovely food come here. But I can't [buy] it. This is my thing.'*

As a result of his low income, Mr Hossein often has to cut back on the most basic necessities of life. This includes foodstuffs that are typically part of a Bangladeshi person's diet, as indicated in the following dialogue:

**Interviewer:** *Does that mean that sometimes you don't buy the things that you feel you need?*

**Mr Hossein:** *There is no money.*

**Interviewer:** *What sort of things would you go without?*

**Mr Hossein:** *Sometimes, it is some food. Our food [is] very expensive.*

**Interviewer:** *What sort of food is that?*

**Mr Hossein:** *What I call jack fruit, mango, or other things. If I want to [buy] something like meat and chicken and rice, which is very expensive, how can I afford to do that? If I had more money then I [could buy] these things, and I [would] be happy with that.*

Mr Hossein also struggles to pay his household bills, and finds it especially difficult to keep his home warm during the winter months:

*'Now I am limit money [i.e. on a limited income], it's too expensive as well. Gas going up,*

*electric going up, everything going up. Then the way it's going, there's not enough to cover one month's [bills]. What money I got, I'm up to my limit in the week.'*

### Necessities of life

Against a background of very limited financial resources, Mr Hossein seeks to limit his outgoings, focusing on the purchase of basic necessities and paying the household bills. Other outgoings tend not be regarded as being essential. For example, Mr Hossein feels unable to afford gifts for friends and family unless on very special occasions: *'Although it's a delight, it's a burden to buy gifts from the pension.'* In addition, he expressed concern that if he bought a gift for one member of his extended family, then he would have to do the same for other family members. This was something that he felt unable to afford. Mr Hossein has not decorated his home for around 15 years, is unable to afford to replace worn-out carpets, and – like most other Bangladeshi men taking part in this study – manages without home buildings and contents insurance.

The day-to-day experience of poverty also bears upon Mr Hossein's social relationships. In this respect, having friends or family round for a meal, drink or snack was not felt to be a necessity:

*'I can't keep food in my house for any friend coming. If I see my friend coming and if I have got some little bit money, then I go [to the] shop. I buy something. If I got no money, I give [them a] cup of tea. But I can't keep money like that, because I got no money. How can I [buy] it and keep it in my house? Might be every week £10, £15 I spend on that. I can't do that!'*

Were it not for the Bangladeshi community centre that he visits once or twice a week, and the mosque where he prays five times a day, Mr Hossein believes that he would be isolated by his low income:

*'I need to have a place to mix together, sit down, have a talk, [watch] television, [drink] tea, everything. We need local government [to] help us.'*

Mr Hossein feels that many of the older Bangladeshi men he meets at the community centre and mosque are in a similar financial situation. As a result, he has a relatively limited view of what might constitute a necessity of daily life. Having been shown a range of images of necessities, he finally commented:

*'I can't afford it, the same question come around for everything, I don't need to look these things up.'*

### Quality of life

Despite his low income, Mr Hossein feels that he has a reasonable quality of life. This is based in part on a philosophical outlook on life, rooted in the strength of his religious beliefs. Equally important, however, is the role of the Bangladeshi community centre, as an informal place to meet with other men:

*'The people in the [Bangladeshi] community, what they need when they are old, they need some place to meet where they can sit together. Somewhere to meet and enjoy themselves. And this is the best quality of life. Because when the people don't meet, when elderly [people] sit in the house thinking too much, this makes them in bad health. But if there was somewhere for them to go and enjoy themselves [with people of the] same ages, they can enjoy themselves.'*

While the community centre is highly valued by Mr Hossein, and indeed by other Bangladeshi men taking part in this study, he expressed a wish for another centre devoted specifically to the needs of older Bangladeshi people. The absence of such a resource meant that some of his friends and former work colleagues were unable to meet and, as a result, were isolated in their homes:

*'We've got the centre here, it's OK, but it needs transport facility for the elderly people to bring them in the centre from their housing. Only people can come from around this area but the people who live far are not able to walk [to the community centre]. When they meet [people of] the same ages, when they talk together this makes them happy.'*

The fact that there was a lack of financial support for facilities designed for the needs of older people in his situation was interpreted by Mr Hossein as a lack of interest on the part of society in older Bangladeshi people:

*'The local government – with these centres in mind – they're not thinking about the elderly people. They should think about how they are treating these people – these people who worked for them. And now they are [in] old age. [When they were working] they were paying a lot of money to the government – tax, insurance, everything. And when the old age came nobody cares.'*

## People of Irish origin

### Key issues

- Older Irish people had particular issues with the tax and welfare system. Those who had come to the UK as migrant workers had often been forced to work under collective National Insurance numbers. This led them to be fearful of claiming benefits in later life.
- Selecting a venue for the group discussions proved particularly difficult for this group. Some of those invited to participate experienced such high deprivation that they did not feel comfortable coming to a community centre for fear that they did not have appropriate clothing.
- The research team struggled to set up individual interviews with older Irish people, particularly with male participants. Culturally it appears that the Irish community faces greater barriers when talking about financial matters than is the case for most older people.
- The research team heard stories from group participants and health and social care workers of the experiences of some of the most disadvantaged older Irish people. For some, alcoholism had seriously affected quality of life in old age with people continuing to spend money on alcohol at the expense of fundamental necessities.



### Case study: Daniel O'Brien

'And I don't spend – only when I have to'

Daniel O'Brien, aged 62 and unmarried, has lived in England for 43 years and in his present accommodation for the past 13 years. This is a one-bedroom bungalow alongside a busy main road which he rents from a housing association. He was born in the west of Ireland into a family of 12 children, all of whom emigrated:

*'Well, it's an old story, like. There was no work when I was in Ireland. Well, there was plenty of work but no finance involved.'*

### Standard of living

Mr O'Brien feels that he has a good standard of living, which he puts down to having modest expectations, as he explains:

*'But I think if you have enough to eat and a bed to lie in it's as much as any of them can do, whether they're millionaires or otherwise. It's how you feel – you know what I mean? Some people look for excess of everything like, you know? But as long as you're happy with what you're doing...'*

He is aware of other Irish older people whose standard of living is very poor by his standards and felt that the researchers ought to be talking to such individuals:

*'There's some poor people out there, and there are alcoholics and they're living in old rooms, like, you know? And there's nobody there to help them, like, you know. It's those people that need reaching... There's a lot of those people around. You'll meet them down in the pubs where they go during the day for a chat, like, and that sort of thing, and that's their only way of getting on, like, you know.'*

Mr O'Brien does not drink alcohol and so rarely goes into a pub, but is sympathetic to those who do:

*'...because they come over here in the '50s and the '60s and they was all hard workers and they sent money home and so on to help their families out so, and the only means of socialising back in those days was to go into the pubs and meet their friends, so it became habit. It was*

*habit, like, you know? And they've gone on from there and then they fall into poor health so they had to give up work. They wasn't able to work.'*

### Necessities of life

As with other respondents, it was when discussing the necessities of life that Mr O'Brien's low expectations were highlighted most. On one hand, he saw being able to visit his surviving brother and sister who live within a 50-mile radius as a necessity. He felt able to afford all those items he identified as essential – for example, weatherproof shoes and warm clothing – because, as he explained:

*'I do because I don't drink, you know what I mean? And I don't spend – only when I have to. You know what I mean? I don't go out. I'm not out in the pubs or going round different places like some people. I don't bother with that.'*

On the other hand, and in keeping with other respondents, Mr O'Brien spoke about good-quality food as a luxury: for example, he listed daily amounts of fresh fruit and vegetables as unnecessary. He spoke about not being able to afford quality food such as fresh fish and said that he bought fish fingers instead. He talked about seeking out the cheapest shops for bargains:

*'You have to go in shops that are cheaper. Even toilet rolls, kitchen rolls, you name it, you'll go there for them, you won't go in Tesco's and buy everything, or Sainsbury's.'*

### Quality of life

Mr O'Brien suffers from chronic arthritis, which has forced him to retire early. He spent his working life in the building trade, which he considers to be responsible for his current poor health:

*'Well, flag-laying and pipes, concrete. Whatever was to be done, you know... that's working in the rain, that's how I got it. Working in wet conditions all the time, you know.'*

He now spends his days mostly alone, and says that he has a good quality of life. On the advice of his doctor he walks regularly. There are



gardens at the front and back of Mr O'Brien's home and he particularly enjoys growing roses. There are bars across his living room window, which is at the back of the house, as a security measure. Mr O'Brien says that he has nothing valuable and therefore doesn't feel that household insurance is a necessary expenditure; however, he feels the bars are important because *'you mightn't have a lot but they'd investigate to see what you did have'*.

Mr O'Brien feels safe around his neighbourhood during the day, but not at night:

*'I mean, I was mugged and I was really terrified about it, and that has stopped me from doing a lot of things, going out of a night.'*

Family were the most important source of social support for Mr O'Brien:

*'And having a family come and visit you. If you've got nobody, you've had no children, you're very lonely actually – especially Christmas time.'*

In response to the question about what else should be done for older people, Mr O'Brien feels that people with disabilities need more support:

*'Home help and things like that for people that's not able to look after themselves.'*

## Gypsies and travellers

### Key issues

- Older travellers highlighted particular concerns arising from lack of access to some services in the home, especially mains gas. The high cost of bottled gas was a source of anxiety for some, leading people to cut back on heating their homes in winter.
- This group is often excluded from mainstream research, not least because of difficulties in accessing and recruiting older gypsies and travellers. In this study it proved impossible to arrange a group meeting with travellers because of the dispersed nature of their small communities, and individuals' lack of access to transport. It was also difficult to set up individual interviews because of a pervasive distrust of non-travellers and the group's perceived experiences of discrimination over many generations.
- As with other groups, older travellers voiced very modest expectations around living needs, but in their case this was frequently linked to stories of acute poverty in childhood and early adulthood.
- Older travellers often had no formal education and lack of literacy meant that individuals' language and communication skills were impaired. One obvious consequence of this was an inability to understand language that would be considered straightforward by many other older people. This had profound implications for the ability of gypsies and travellers to communicate effectively with health and social care professionals.
- Among older travellers there was a very strong sense of social obligation and duty to others.

### Case study: Ethel Jones

'I can go and have a drink of water'

Ethel Jones is an 84-year-old widow who lives in a static caravan on a small site at the end of a residential street, situated on the edge of a large conurbation in the West Midlands. She has lived in the same place for ten years. She lives with a disabled daughter who attends day care, and a second daughter and her family live next door and help her.

### Standard of living

In common with other respondents, low expectations were reflected in what Mrs Jones said about her standard of living, which she feels is good:

*'I have enough to get by. That's all I needs, just enough... If I can't have it, I don't bother. I've never had it.'*

She perceives her standard of living to be very much better than when she was a child, when her parents moved about 'from farm to farm, county to county'. She was the middle child in a family of 12 children and recalls that in her childhood the family did live in poverty by the standards of the time and found it very hard to get by, relying on the kindness of the farmers they worked for:

*'Like when we were working, you know, the farmers did, they let us have potatoes to help us and veg, and anything like that. So the farmers used to help us out a bit. That's when it was the season.'*

### Necessities of life

Mrs Jones' low expectations were again clearly evident when she spoke of the necessities of life. When asked if she thought there was anything that she felt she needed as an older person that she didn't need when younger, she replied:

*'A little bit of nice food in the winter, soup or something warm, a warm pair of dry shoes, and a bed of all things, because there is no telling when we will need our bed, so a warm dry bed of all things. When you don't go out a lot, you can*

*manage without a lot of things, survive quite comfortable.'*

She goes on to describe making a lot of soup, because it can be reheated and will last two or three days. There is no piped gas and the biggest expense for Mrs Jones, in common with other travellers, is a bottle of gas for heating which costs £34.

*'And sometimes they last 10 days, sometimes 12 days. It's according how the weather is in winter but if it's nice we turn it off for an hour or half an hour, you know. We do our best to cut down on the gas and electric.'*

Despite this she regularly sends money to an eastern European country where the son of a friend is working with the local community:

*'What it is, we're Christian. They've got no water, nothing. So we supports that country, that village. The whole land is parched and it's got families and they're very poor and we try and helps as much as we can, you know. Because I think somebody's always worse off at the end of the day. I can go and have a drink of water and pour the children a drink of water to drink. You know what I mean?'*

### Quality of life

Mrs Jones feels that her quality of life is much better than when she was a child:

*'If you are ill, you can go to a doctor, even that you haven't got no money, and you see in our old days you couldn't get that. I think that is a lovely thing. And the hospitals, they are very good. They are ever so kind. And it is a blessing, a blessing when you can get a little help like that.'*

When asked what she would most like government to think about in relation to older travellers Mrs Jones said she would 'just like them to make a place where we could spend our days'. Living on a 'standing' site was key to this, as she said when describing conditions for the generation before her:

*'The old people before would have to travel about quite a lot, and probably sometimes would die on the roadside. Well, it would be nice to have a standing place... a good site... a tap to wash.'*

As with other travellers taking part in this study, she does not read or write and never attended school because of the constant travelling as a child. When asked what was the most difficult thing in her life at the moment, Mrs Jones said:

*'I finds it difficult when I goes somewhere, and someone explains something to me, and we don't know what it's all about. You know, if they could come down to our level we could understand it better, but they are up here, like a doctor or somebody, if he don't come down here, we are lost for direction...'*

Problems with literacy, difficulty in accessing health and social care, and lack of familiarity with the system of state benefits mean that Mrs Jones is dependent on the help of others in later life. She values highly the role of a local Citizens Advice Bureau outreach worker in helping her to access services and receive her benefit entitlements. But key to her quality of life were her family and social networks, in which a mutual sense of support was evident:

*'We do the best we can for people, and they'll be there for us.'*

Such a closeness was something she traced back to her childhood:

*'The thing was, we had good parents. We had very clean, honest parents. My mam and dad lived together 'til they parted with death. We was bred with one mam and one dad and they got 12 of us, 12 in the family, but we were bred clean and honest. My dad was a very disciplined man but not a hard man, not a bad man, but he liked to see us all together and if we couldn't do good for each other we mustn't do bad for each other.'*

## People living in rural communities

### Key issues

- Many older rural people taking part in this study had adapted to living in hardship throughout their lives. Limited material resources were often compounded by a strong sense of resilience that minimised reliance on the state. In some cases, anxieties

about money appeared to contribute to the onset of mental health conditions.

- For this group, feelings of loneliness could be linked to gradual changes within their rural community. Individuals sometimes reported feeling that they had little in common with the younger (wealthier) people moving in, and that they missed the company of younger generations who had been forced out by high property prices, and with whom they had much in common. The fact that many incomers were away from home during the day tended to compound this sense of loneliness.
- Changes in the population of the rural community and reorganisation of services meant that many older people experienced difficulty in accessing public and commercial services. In particular, lack of local access to health care, especially in emergencies, was reported to be a problem for some. Recent moves to centralise out-of-hours doctors' services raised additional concerns.
- The absence of affordable and accessible transport was pivotal to this group. Even where facilities and services might be within walking distance, sometimes this was impossible because of a combination of narrow roads, the lack of footpaths, the increase in road traffic, and the high speeds at which people were perceived to drive.
- Volunteers within the community reported heavy demands on their time and resources, sometimes to the detriment of their own health.

### Case study: Dorothy Ellis

'We're living in luxury today, we really are'

Dorothy Ellis, aged 70, lives with her 75-year-old husband Peter in a well cared-for bungalow with a large garden in a rural area of the Midlands. Shortly before his retirement ten years ago, Peter was diagnosed with Parkinson's disease, and as a result the couple moved from a three-storey terraced house to their current home, to ensure easier access. As Peter's health



deteriorates, Mrs Ellis's life revolves around the ongoing demands and routine of caring for her husband in an isolated rural environment with few opportunities for social interaction.

She speaks of the gap between the couple's expectations of a comfortable retirement and the reality of their lives now.

### Standard of living

Mrs Ellis describes her life today as 'luxury' compared to the 'tough life' she and her husband experienced growing up during the Second World War. Mr Ellis's illness, however, has had a detrimental effect on both their standard of living and their quality of life. Paradoxically, the savings and private pension built up through a lifetime of hard work and thrift to supplement their state pension have made the couple ineligible for benefits and social services associated with Mr Ellis's care. Rather than managing comfortably, the couple have found their savings eroded by the extra costs of caring and the rising cost of living:

*'Council Tax keeps going up. My pension's gone up [but also] the Council Tax has gone up, so my pension's gone. My pension's covered that.'*

Mrs Ellis echoes the thoughts of many older people in the study when she speaks of the injustice of a welfare system which appears to 'punish' those who save:

*'We couldn't manage without the company pension. Except that if I hadn't got the company pension I probably wouldn't have to pay so much for his care, you see. Them people that don't bother saving and having a good time along the way, they're the ones that are better off now.'*

### Necessities of life

in accordance with lifetime habit, Mrs Ellis lives within her means:

*'I haven't got no credit card. I've only got my Switch. I don't want one. If I haven't got the money I won't have it.'*

She describes herself as 'pretty lucky' in that she is able to buy what she needs at the shops, including fresh fruit and vegetables and treats for

her husband. Although she has access to an old computer which the grandchildren use, she is not interested in using it for online shopping, preferring to 'go down and pick what I want myself' on Fridays when her grandson visits. Although there is a grocery delivery service in the village, she has found this unsatisfactory:

*'I've used it quite a bit. But I found he was bringing a lot of out-of-date produce and you were always having to pay a bit more anyway for it. So I stopped and I'd rather pick my own up.'*

Caring for her husband has added to the costs of heating and electricity. Given her husband's immobility, keeping the house at a constant temperature of 21 degrees throughout the year to avoid hypothermia is essential. This is a drain on financial resources:

*'When I asked about getting help with the heating bills they said, "You get your £200 at Christmas", and that's all the reply I got. So I suppose I ought to be lucky I get that. But it costs us £109 a month.'*

Mrs Ellis has recently bought a new washing machine, her first in 30 years, to cope with the increased washing as she cares for her husband. To compensate for these added costs, she tries to conserve electricity by 'only using lights if they're necessary'.

For a carer living in a rural area where public transport is not readily available, having a well-maintained car is a priority:

*'In rural areas you are dependent on the car. The car is a must, you know, to be able to get out and do things. You can't do without one. There's no other option at all.'*

As reported by other people in the study, the cost of taxis is prohibitive and they are used only in emergency situations:

*'When Peter was taken into hospital and I went in the ambulance with them I stopped till nine o'clock at night and then the hospital got me a taxi to bring me back. It was £27.'*

In a situation where even visiting friends and family has become a luxury, the telephone has become a necessity, providing a link with the

outside world. Although she keeps calls to a minimum, Mrs Ellis also has a mobile phone which she takes with her when out of the house.

### Quality of life

Caring responsibilities have impacted significantly on Mrs Ellis's quality of life. She describes her life as 'revolving around Peter', expressing a degree of resigned acceptance of a situation which she is unable to change:

*'We're happy up here [in the country]. Well, we're just as we are now and that's it, you know. There's not a lot of good things about it really.'*

She speaks of a lack of understanding by 'people in government' about the reality of caring:

*'They should go and live with somebody with a disability for a day or two and find out what goes on, because they do not know how hard it is. And same as the doctors, the doctors can doctor him but they don't know half his problems. They don't come in here and try and lift him up, put him on the commode and try and get him off that, put him back in his chair, you know what I mean?'*

Mrs Ellis's life has become increasingly isolated and confined to the home as she cares for her husband. Social interaction is reduced to routine communication with her husband, and talking to doctors and care workers. In these circumstances, having friends and family around for a meal has become a necessity:

*'We try and keep as normal as possible, you know what I mean? Yes, it's a real necessity for Peter to keep having his meals and that with ordinary people.'*

In a rural community, with no neighbours living close by and a husband unable to communicate effectively, she misses day-to-day companionship above all:

*'I miss going out and just chatting, you know. Where we were before we were attached, there were ten of us in a row and it was a very nice community. That's about it. There's nothing else I really need.'*

Mr and Mrs Ellis's one 'treat' is a fortnightly visit to the luncheon club, a visit facilitated by local

volunteers who drive a community bus. Although Mrs Ellis has regular contact with the Carers' Association through its newsletter, she is unable to attend meetings with other carers:

*'From here you would have to go further out and it's a long way for me to travel out there. Probably I would have to get somebody in anyway to stop with Peter and it's more problems, you see.'*

Mrs Ellis's sense of isolation is further reinforced by inequalities within the health system. Caught in an apparent postcode lottery, she describes the frustration as she fights to overcome bureaucratic obstacles to gain access to drugs which would improve her husband's memory and overcome the confusion caused by his illness:

*'We've been working three years to try and get it. You're fighting all the time. It would improve our quality of life immensely because you'd be able to have a conversation with him, you know, a proper conversation. We're right on the border. I mean the only thing for me to do [if they don't fund it] is to sell up and go and live there [where drugs are available].'*

## People living in institutional settings

### Key issues

- For older people living in institutional care settings, a real challenge was how best to accommodate an expressed individual need for autonomy and independence within a culture that could be perceived as disempowering and fostering dependency.
- Conducting research with older people living in institutional settings is often difficult. Negotiating access, securing informed consent and coping with the nature of individuals' health and support needs can prove difficult. As a result, the views of this group are frequently excluded from mainstream research. However, with careful preparation it is possible to engage with people living in care settings.

- When working with this group, and given the time constraints placed upon the research team, it proved difficult to make full use of the research tools developed for this study. Further work needs to be done to find the best way to engage with older people in care settings in order to discuss issues relating to income and material resources. Moreover, people in such settings tend not to regard such issues as a priority.
- Attachment to place was an issue for those interviewed as part of this study. Care homes appear to pose difficulties in terms of individuals' ability to feel at home, raising issues about people's sense of belonging and identity. These directly related to factors such as the degree of choice exercised by older people on admission to the institution, the institution's culture of fostering independence and participation, the mix of residents and, not least, whether people felt that they were living with people with whom they shared a range of characteristics and interests.

### **Case study: Mildred Roberts**

'I really don't know why I'm here'

Mildred Roberts, aged 82, has been living in a nursing home for the past two years. Originally from a large city, her parents moved around when she was a child. She met and married a man from the local area where she has lived ever since. She has two children, a son and a daughter. Mrs Roberts describes herself as being in the nursing home *'by default... tricked into coming here by my son'*. While Mrs Roberts went on to state that she was happy to be living in the home, she doesn't really understand why she is there. It is clear from what she says that she would prefer to be living at home: *'I could be at home. But I'm happy enough.'*

### **Standard of living**

In common with other nursing home residents taking part in this study, Mrs Roberts finds it difficult to talk about her standard of living. Living in a care home, she reports having everything she needs for a good standard of

living. While she looks after her day-to-day expenses herself, Mrs Roberts' son takes care of larger outgoings and manages his mother's finances. However, Mrs Roberts feels that she can buy anything that she wants on the occasions that she goes shopping with her children.

### **Necessities of life**

Like other research participants, Mrs Roberts describes herself as having few needs. Living in the nursing home means that most of her immediate needs are met: *'I'm comfortable here and I've got a decent bed.'* In terms of necessities, Mrs Roberts emphasises the importance of having enough money to spend on new clothes. This is important so that she can look *'respectable'* when in public. When she goes shopping with her son she buys items of food that are not available in the nursing home, but does not feel that these are necessities. By contrast, she does prioritise one particular outgoing. Having been encouraged to acquire a pet when she first moved into the home, Mrs Roberts regularly spends money on cat food. Since she struggles to carry heavy items of shopping, she is dependent on having someone accompany her on her weekly shopping trips.

### **Quality of life**

Participating in the life of the nursing home is crucial for Mrs Roberts, who describes herself as *'helping as many people as I can... It's an easy life. I'm doing things for other people all the time and that gives me a lot of satisfaction'*. She says that she is *'quite content although it's not what I want'*. In preferring to be in her own home, she sees that as offering a freedom she does not experience in the nursing home: *'I would only be answerable to myself and not to anyone else.'*

Mrs Roberts is also quick to comment on the pleasure that she gets from having a cat share her room:

*'Oh, Charlie is as happy as anything and he goes out in the back garden. There's a huge back garden. He does as he pleases. He sleeps on my bed. He sleeps at the top of the bed but when I go to bed he goes and sleeps at the bottom automatically.'*

## Composite case study

The case studies presented above highlight some of the key issues facing disadvantaged older people belonging to particular groups within British society. Throughout the research the team was also mindful of the numerous overlaps that exist between the various groups. In order to emphasise the importance of the intersections between individuals' personal characteristics, the team developed a final case study. As a woman aged over 85 who has disabilities and lives in a rural community, Nellie Gordon belongs to three of the groups addressed in this study.

### Case study: Nellie Gordon

'Goodness me, in 18 months I shall be a hundred!'

Nellie Gordon is a 98-year-old woman who has lived independently for the past 20 years in a small housing authority home in a village in the East Midlands. Widowed 30 years ago, and registered blind at the age of 94, Mrs Gordon leads an active life, supported by a wide circle of family, friends and neighbours. Although hard-of-hearing and experiencing minor health problems alongside her blindness, Mrs Gordon effectively challenges the stereotype of late old age as a time of decrepitude and dependency.

### Standard of living

Like those of other people in the study, Mrs Gordon's assessment of her standard of living today is based on a comparison with the past:

*'I was only saying to someone a while ago that I'm better off than I've been in all my life now, and I can't get out and spend it. So it's not fair, is it?'*

She feels satisfied that her current needs are met and manages 'quite nicely' on the income she receives. The warden in her housing complex has ensured that she is getting the benefits she is entitled to:

*'RNIB is so much, you see, and I have my pension and there's so much extra because I'm over 90.'*

Although Mrs Gordon does not pay rent or Council Tax, she still pays electricity and water rates: *'Water's very heavy, but you know I can just pay them without any problem.'*

### Necessities of life

Mrs Gordon's living room is warm and welcoming and contains a range of equipment to facilitate her daily life. As well as showing the interviewer the large numbers on her telephone, Mrs Gordon demonstrated her 'digital mouse' which she uses to magnify printed text from letters and newspapers on the television screen. She recounted how her optician had suggested the mouse:

*'He'd just had these in, and he came over. He came over to the house here, and showed it to me and I just bought it. I just thought, "I must have that", you know.'*

The RNIB also provides visual aids, including 'spots [spotlights] on my cooker and washer', an illuminated magnifying glass for reading, and audiobooks on CD-ROM. Mrs Gordon describes the new technology as 'absolutely marvellous'. Showing me her latest 'book', she explained:

*'You'd be surprised what there is on here. I had one which lasted three weeks. It was in four parts and it's 600 and some odd pages. So many hours of reading and they were all on one little disk like this.'*

Her home is equipped with a personal alarm system for use in emergencies. This was put to good use when she fell and broke her leg five years ago. She now uses a house trolley to help get around the house and for short walks outside.

Mrs Gordon can manage a number of small household chores including washing the breakfast dishes, vacuuming the floor with her 'little battery Hoover', and making a sandwich for dinner. However, on a day-to-day practical level, Mrs Gordon needs help from a number of sources to enable her to live independently. These include carers morning and night, a cleaning lady every Friday, a doctor who makes home visits, and meals-on-wheels every other day because 'there's really enough for two days for me. I haven't got a very big appetite'. The warden



organises home maintenance with the housing authority as necessary. She relies on her daughter to do her washing each week, and her son to keep the back garden tidy. Mrs Gordon recalled the difficulties in getting home help with the laundry before her daughter retired, with most women in the area now going out to work.

For shopping Mrs Gordon relies on her daughter and on a grocery van which comes around twice a week:

*'He comes in and fetches me order, takes it into the van, packs it up, brings it back and puts it on the table. People round here grumble about the cost, but then I mean you have to pay a bit for service, don't you?'*

Being house-bound for most of the day, Mrs Gordon feels that keeping the house warm is a necessity. The heating allowance (*'you turn 90, you get a bit more, duck'*) helps meet the cost of having the heating on for long periods:

*'I keep the heating on. That's one thing I do not economise on. I never economise on that. The place is always kept warm and if it isn't warm where the heater is, I put it up.'*

### Quality of life

Nearing 100, Mrs Gordon feels that *'pretty near everything'* is good about her life now. Having lived in the area for many years, Mrs Gordon has built up a strong social network of family and neighbours who provide her not only with practical support but with company. Her son and daughter, who live some distance away, visit at weekends, and neighbours pop in and see her daily:

*'Ethel's [next door neighbour] been in this morning. She just comes in for a chat. She's brought me a buttered scone for me tea.'*

Her son's visit is particularly welcome as he brings his five dogs. A pet-lover all her life, Mrs Gordon is unable to care for pets now because of her blindness.

Mrs Gordon is not confined to the house and enjoys a number of social activities, including church and the Mothers' Union. However, her blindness and the need to have access to a toilet

because of a bowel problem have meant a curtailment of some of her activities:

*'I mean I could go to lots of things, but I just daren't. If you go somewhere and you're in a room with about 20 other people or so, you can't guarantee the loo being free. Sometimes I daren't go for a walk – I've had to go to Jessie's [neighbour] toilet many a time on my walks. I don't go to the Friendship club any more because I'm blind and I can't see, and you can't talk to people while they're playing bingo, not unless you want a thump on the ear!'*

At this stage of her life Mrs Gordon prefers to stay in her own home and resists invitations from family and friends to visit their homes: *'They get vexed with me because I won't go.'* She feels more comfortable and independent on her own:

*'It's easier to stay here. I mean I can put the TV on if I want to, I can switch it off if I don't want it on. You can't do that in somebody else's house, especially at Freda's. You've got to sit and watch football whether you like it or not.'*

Although she is no longer able to indulge in her favourite pastime of *'tons and tons and tons of knitting'* for charity, she passes her time *'spoiling meself with doing me word puzzles'* with the help of her magnifying glass.

Although Mrs Gordon acknowledges the many benefits of living in a rural area, she is concerned about the reduction in services:

*'They [politicians] ought to give more attention to distance. You see, out here we're right away from everything, aren't we? Now they're taking away the fire engines and ambulances [from the local towns] and they're all going to be stacked up at [larger town]. Well, look how far away that is. They're not going to get here as quickly as they did from [the local towns], are they? They seem to reduce everything for people right out in the country. They're taking everything away.'*

As in many rural areas, the rationalisation of postal services has resulted in the closure of the local post office:

*'They've closed the post office as well. We had one here, not far away. I could walk to it in five or*

*ten minutes. Now we haven't got one at all till we get to [local town], which is getting on for three miles away.'*

Mrs Gordon now relies on the grocery van driver to take her pension book to the nearest post office where the postmistress has 'got my PIN, she can draw it [pension], and she draws it, puts it back in the envelope, seals it up and when he [the grocery man] comes again, he brings it'. This arrangement, however, is likely to change soon with the closure of this post office. Mrs Gordon mocks the attitude of a social services official who came to see her and suggested she have her pension paid into the bank, the nearest branch of which is six or seven miles away:

*'They sit there on these stools, polishing their breeches' bums and bringing up all these silly ideas. And I says they know absolutely nothing about 'em. I mean to say, they don't realise these things.'*

# Thematic analysis



This section moves beyond individual experiences of poverty and deprivation – as represented in the case studies – to present research findings in a more thematic way. The following analysis draws on both the detailed case studies and the data collected from the remaining group and individual interviews.

A key research aim was to identify the main forms of material disadvantage faced by contrasting groups of older people. However, similarities in response to questions relating to this theme by far outweighed any differences between the various groups. In group discussions and individual interviews, the research team found significant evidence of the ways in which low fixed incomes and modest living standards served to limit the quality of older people's daily lives and their ability to participate in wider society.

Five key themes emerged through our analysis:

- **low expectations and stoicism** Many research participants revealed low

expectations of life and stoic attitudes. These were often linked to favourable comparisons between their current situation and earlier life experiences, which were often marked by profound hardship.

- **life course dimensions** These were closely related to older people's low expectations, and it was evident that many research participants had become accustomed to living on low incomes throughout their lives. An important feature of older people's experience of poverty concerned individuals' inability to set money aside for their older age. Poverty in later life represented the outcome of these processes.
- **patterns of exclusion** Owing to limited material resources, many older people taking part in this study experienced forms of social exclusion. This affected their ability to manage their finances, and their participation in social relationships. In relation to basic necessities, some people cut back on the essentials of food, clothing and heating. Others regarded as

'luxuries' items and activities that most people take for granted.

- **quality of life** The study found evidence of the ways in which lack of material resources limited older people's quality of life, affecting both their mental and their physical well-being.
- **beyond the basics** In addition to basic items regarded by the general population as being necessities of life, the research found examples of a range of items that disadvantaged older people prioritise.

These themes are developed in more detail in the following sections.

### Low expectations and stoicism

Within the framework of a study that sought to explore older people's perceptions of the necessities of daily life, the research team was struck by the often very modest expectations that participants had of their lives. Where people have adapted over a number of years to living within very modest financial means, views of what constitutes a necessity were rather limited. This was evident, for example, in a number of participants' comments when describing their current standard of living:

*'But I think if you have enough to eat and a bed to lie in it's as much as any of them can do, whether they're millionaires or otherwise.'*

(Daniel O'Brien, older Irish man)

*'I'm comfortable here and I've got a decent bed.'*

(Mildred Roberts, woman in institutional care)

*'A little bit of nice food in the winter, soup or something warm, a warm pair of dry shoes, and a bed of all things, because there is no telling when we will need our bed, so a warm dry bed of all things. When you don't go out a lot, you can manage without a lot of things, survive quite comfortable.'*

(Ethel Jones, older traveller)

*'I keep the heating on. That's one thing I do not economise on. I never economise on that. The*

*place is always kept warm and if it isn't warm where the heater is, I put it up.'*

(Nellie Gordon, rural disabled woman)

*'Some people like a lot of entertainment, you know, and things like that. But I mean smoking and drinking and going to the bingo hall and that doesn't bother me. I mean, I have a go on the Lottery, I have a little bit of whisky now and again, not a lot...'*

(Muriel Arthur, disabled older woman)

Despite their limited finances, many older people taking part in this study adopted a stoical attitude to their circumstances. A number of participants argued that they were better off than other people they either knew or knew of. In some cases, comparisons were made with people belonging to the same population group. In others, the comparisons were with people in other parts of the world deemed to be less fortunate:

*'There's some poor people out there, and there are alcoholics and they're living in old rooms, like, you know? And there's nobody there to help them, like, you know. It's those people that need reaching... There's a lot of those people around. You'll meet them down in the pubs where they go during the day for a chat, like, and that sort of thing, and that's their only way of getting on, like, you know.'*

(Daniel O'Brien, older Irish man)

Older Bangladeshi men felt that they were financially much better off living in Britain than would be the case in their country of origin. In similar vein, Ethel Jones (an older traveller) reported regularly sending money to an eastern European country where the son of a friend was working with the local community:

*'What it is, we're Christian. They've got no water, nothing. So we supports that country, that village. The whole land is parched and it's got families and they're very poor and we try and helps as much as we can, you know. Because I think somebody's always worse off at the end of the day. I can go and have a drink of water and pour the children a drink of water to drink. You know what I mean?'*

(Ethel Jones, older traveller)



### Poverty over the life course

When exploring material disadvantage in slightly more depth – and when seeking to identify the source of such low expectations of life – it is evident that many research participants had become accustomed to living in relative poverty during their earlier lives. In this sense, the experience of poverty had been internalised and was not something that was out of the ordinary. While not using the term ‘poverty’, several research participants reflected on their experience of living within modest financial means throughout their lives.

### Childhood experiences

Frequent references were made to the difficult economic circumstances of individuals’ childhood years. For example, Ethel Jones (an older traveller) referred to the hardship of her childhood, as the middle child in a family of 12 children. She describes the difficulty her family had in making ends meet, and their reliance on the kindness of the farmers who provided employment to family members:

*‘Like when we were working, you know, the farmers did, they let us have potatoes to help us and veg, and anything like that. So the farmers used to help us out a bit. That’s when it was the season.’*

(Ethel Jones, older traveller)

An older disabled woman described the difficulty of living at home with six siblings and very little money coming into the house:

*‘We had a real bad life at [place], because my parents were very poor. We didn’t have anything. I was going about with no shoes and that on, them days, you know, because me father and mother never got anything. Me father was hurt on the roads and the doctor never signed for him to get anything, you know, to have got any money for help. So we had to just rely on what money we were getting and that wasn’t much at all in them days.’*

(disabled woman)

### Comparisons with the past

When comparing their current material situation with that of earlier times, many research participants not surprisingly felt that their standard of living was now significantly better:

*‘It means that you’re living in better conditions than you did 50 years ago when you’d got a gas mantle and no form of heating except a fire. The standard of living is far higher... We lived in bad conditions and if you didn’t work in them days you starved.’*

(William Booth, man aged 85+)

*‘I was only saying to someone a while ago that I’m better off than I’ve been in all my life now, and I can’t get out and spend it. So it’s not fair, is it?’*

(Nellie Gordon, rural disabled woman)

*‘We’re living in luxury today, we really are. Yes, the years we grew up, and I mean same as shoes... I had all hand-down shoes. I’d got a brother and he wore boots and I had to wear his boots when he’d finished with them and all the boots were hobnailed so as they didn’t wear the leather out. All the soles and the heels had got nails and you walked on the nails.’*

(Dorothy Ellis, rural carer)

### The difficulty of saving

Few participants had earned enough during their working lives to be able to put sufficient money aside for their retirement. Indeed, a number of those who had saved – either in the form of modest investments in stocks and shares or through an occupational pension – commented on the way in which their savings merely served to limit their entitlements to state benefits in later life. As a result, they felt even worse off than those who had been unable, or in some cases, unwilling to save:

*‘We couldn’t manage without the company pension. Except that if I hadn’t got the company pension I probably wouldn’t have to pay so much for his [husband’s] care you see. Them people that don’t bother saving and having a good time*

*along the way, they're the ones that are better off now.'*

(Dorothy Ellis, rural carer)

*'To me it's always been essential to save as much as possible. But we suffer for it in the long run because we pay full rent and rates, which is above £90. By the time I've had tax off my pension, consequently you're roughly £20 down before you get the luxuries of life like food and water and heating and lighting and stuff like that.'*

(William Booth, man aged 85+)

*'I know they've [the government] got to draw a line somewhere, but the average person, a person that's worked all his life, is penalised just because he gets a full state pension. I mean penalised. End of story. He's not allowed nothing. Well certainly carers [are not].'*

(Edward Taylor, male carer)

*'Well, I kick myself in the foot because, like I say, every way you turn, I mean, daft as it seems... I've got some savings and because I've got savings, I can't have Council Tax relief. I can't. I can't have nothing, and we've only got a hundred and odd, officially, our income is £115 a week.'*

(female carer)

*'And them people that don't bother saving it and having a good time along the way, they're the ones that are better off now.'*

(rural woman)

## Patterns of exclusion

Some of those taking part in this study were effectively excluded from forms of consumption and types of behaviour that many people in Britain, including many older people, take for granted. While exclusion clearly affected many older people's ability to manage their daily lives, participants demonstrated a range of skills in seeking to cope with such adversity.

### Managing daily life

Exclusion is reflected in the issues which concern disadvantaged older people on a daily basis. It affects decisions about where to shop,

what to spend one's money on, and how to manage one's finances:

*'You have to go in shops that are cheaper. Even toilet rolls, kitchen rolls, you name it, you'll go there for them. You won't go in Tesco's and buy everything, or Sainsbury's.'*

(Daniel O'Brien, Irish man)

*'I think the thing is, I get now nearly £100 a week myself but this money is limit[ed] money. I can't do, if I want [to] spend on other thing[s]. You know, nice summer time [is] coming. Lovely, lovely food come here. But I can't [buy] it. This is my thing.'*

(Faruque Hossein, Bangladeshi man)

*'Some weeks we [find it hard to get by]. If them weeks come, them weeks do come when we're behind. You know, supposing we've done a bit of running up and down [to the] doctors and hospitals and we've had to give, say, £10 for petrol to take us and bring us back or we've had to get a taxi to fetch us back, sometimes it gets a bit tight. It gets a bit tight.'*

(female traveller)

*'I could do it [go on holiday], you know, if I hadn't got all these big bills to pay sometimes, you know. And, like I say, I like to keep so much in the bank in case anything ever happens to me – although I've got insurances. But the insurances today aren't enough to bury or cremate me.'*

(woman with disabilities)

*'I haven't got no credit card, I've only got my Switch. I don't want one. If I haven't got the money I won't have it.'*

(Dorothy Ellis, rural carer)

As in earlier studies of disadvantaged older people (Scharf et al, 2002, 2005), several participants commented on the difficulty of budgeting for and paying household bills:

*'Council Tax keeps going up. My pension's gone up and the Council Tax has gone up, so my pension's gone. My pension's covered that.'*

(Dorothy Ellis, rural carer)

*'Now I am limit money [i.e. on a limited income] it's too expensive as well. Gas going up, electric going up, everything going up. Then the*

*way it's going, there's not enough to cover one month's [bills]. What money I got, I'm up to my limit in the week.'*

(Faruque Hossein, Bangladeshi man)

### Cutting back on food

The researchers found a wide range of coping strategies demonstrated by research participants confronting the daily challenge of making ends meet. Older people appear to be extremely adept at making sure that they can meet their most basic needs.

In this study, a fundamental way in which older people were seen to cope with their low incomes was by cutting back on regular outgoings. For example, a number of participants reported saving on heating during the winter months, and purchasing only second-hand clothing. These and other coping strategies for living on low incomes seemed to be a way of life for many of those interviewed.

Some participants also cut back on food, and mentioned being able to buy only the cheapest products. The following dialogue typifies the challenge faced by many older people in making ends meet – a challenge that can make people feel as though they are simply existing from one day to the next. Here, a 76-year-old woman caring at home for her husband who has dementia talks about her shopping routine:

**Participant:** *You don't go out and spend what you want, or think 'I'll have that'. You do with what you've got in your purse. I've got to look. And if go by the sell-by date, I can get it and if I cook it before I freeze it, it's safe. And that's what I do, or eat it that day.*

**Interviewer:** *So you're finding you're not getting what you would like to buy?*

**Participant:** *No, of course not. Oh no, you've got to go for the bargains, what's the best offer. And if [husband] has a bit of luxury like a tinned soup which he likes, he has it. And instead of me sharing it with him – because I love it myself – I think to myself, 'No, I'll leave it because it'll last a couple of days. He can have it.' It's a bit of luxury for him. So this is it, this is how you exist.*

In an example of the complexity of accessing people's experience of poverty, a number of individuals who reported 'not going without' none the less described situations in which they clearly did 'go without'. In doing so, they offered insight into a worrying degree of potential nutritional deprivation:

*'I don't have to go without anything, I meself, because I would limit it meself to it, and even if I only had – if I'd got half a dozen eggs and I had a boiled egg and a piece of toast every morning and, like, six tins of soup, you don't have to go without.'*

(Muriel Arthur, disabled older woman)

Indeed, the issue of food provides a good example of a dilemma raised in this research. Everyone taking part in the study felt that being able to afford to feed oneself adequately was essential. Nevertheless, in several interviews there was heated debate about the types of food that people would like to buy and what they actually ended up purchasing. For example, while older Irish people felt that fish represented an important part of their diet, this tended to be consumed in the form of (affordable) fish fingers rather than as (unaffordable) fresh fish. Similarly, the types of food which might traditionally be part of a Bangladeshi person's diet were deemed to be out of reach for people on very low incomes:

**Interviewer:** *What sort of things would you go without?*

**Mr Hossein:** *Sometimes, it is some food. Our food [is] very expensive.*

**Interviewer:** *What sort of food is that?*

**Mr Hossein:** *What I call jack fruit, mango, or other things. If I want to [buy] something like meat and chicken and rice, which is very expensive, how can I afford to do that? If I had more money then I [could buy] these things, and I [would] be happy with that.*

This suggests that deprivation indicators might need to be adjusted to take better account of (culturally based) preferences for higher-quality foodstuffs.

## Social participation

At another level, lack of income served to limit some individuals' social interactions. This was especially evident in the group discussions with older Bangladeshi men and women. The presence of meeting places, including community centres and mosques, was consequently valued very highly:

*'I need to a place to mix together, sit down, have a talk, [watch] television, [drink] tea, everything. We need local government [to] help us.'*

(Faruque Hossein, Bangladeshi man)

The importance of places to meet was also highlighted by a participant in the group discussion with Irish older people:

*'I think there should be maybe more [places] like this club – Irish heritage centres – for them all to meet. This one here has lovely outings.'*

(Irish man, group discussion)

Drawing on these comments, there is also a case for developing suitable indicators that are specifically aimed at older people's preference for accessible locations that facilitate social participation.

## Necessities of life

Turning to the items and activities represented on the showcards at the group sessions, there was a general consensus across the different groups of older people about a core set of necessities that are essential in order to maintain well-being in later life (table 3).

With only one or two exceptions, participants in group discussions and individual interviews identified the following as being necessities:

- two meals a day
- heating for living areas
- carpets
- a telephone
- a damp-free home
- a warm, waterproof coat
- all-weather shoes
- fresh fruit and vegetables

- replacement of broken electrical goods
- visiting friends/family
- attending funerals.

However, it should be noted that while groups agreed on these essentials, our interviews revealed that notions of what constitutes 'two meals a day' could vary a great deal between individuals.

There was much less consensus between groups and individuals when it came to expressing a view on other items and activities.

- Only the disabled group saw attending weddings as a necessity of life
- Only the gypsy and traveller group viewed having friends and family round for a meal as a necessity of life
- Only carers and the over-85s viewed an annual holiday as essential
- In contrast to all other groups, those living in rural areas did not regard carpets or the ability to visit friends and family as necessities of life
- In addition, over half of the groups did not regard the following as necessities: having regular savings, having home contents insurance, or replacing worn-out furniture
- Just under half the groups did not regard the following as necessities: presents for friends/family, keeping one's homes in a decent state of decoration, and having money to spend on oneself
- The groups which classified the fewest items as essential were those living in rural areas (only 10 out of 20 items identified as essential), and informal carers (only 12 out of 20 items identified as essential).

**Table 3** Summary of groups' views on necessities of life

Topic	Over-85s	Disabled	Informal carers	Bangladeshi	Irish	Gypsies and travellers	Rural
Two meals a day	✓	✓	✓	✓	✓	✓	✓
Heating for living areas	✓	✓	✓	✓	✓	✓	✓
Carpets	✓	✓	✓	✓	✓	✓	~
Phone	✓	✓	✓	✓	✓	✓	✓
Damp-free home	✓	✓	✓	✓	✓	✓	✓
Presents for friends/family	✓	✓	~	~	~	✓	✓
Warm, waterproof coat	✓	✓	✓	✓	✓	✓	✓
All-weather shoes	✓	✓	~	✓	✓	✓	✓
Regular savings	✗	✗	✓	✓	✓	~	~
Decent state of home decoration	✓	✓	~	✗	✓	✓	~
Insurance	✓	✓	~	~	~	✓	~
Fresh fruit and vegetables	✓	✓	✓	✓	✓	✓	✓
Worn-out furniture replaced	✗	~	~	✓	✓	✓	✗
Broken electrical goods replaced	✓	✓	✓	✓	✓	~	✓
Money to spend on self	✓	✓	✗	✓	✓	~	~
Annual week's holiday	✓	~	✓	~	~	✗	✗
Friends/family for a meal	~	✗	~	~	✗	✓	~
Visit friends/family	✓	✓	✓	✓	✓	✓	✗
Attend weddings	~	✓	~	✗	✗	✗	~
Attend funerals	✓	✓	✓	✓	✓	✓	~

**Key**

- ✓ Item regarded as a necessity
- ✗ Item not regarded as a necessity

~ No consensus on whether item is a necessity or not  
 NB Showcards were not used with older people in institutional care.



## Weddings and funerals

A good example of the contrasting views about necessities relates to participation in weddings and funerals. In general, participants tended to view attendance at weddings as *not* being necessary. Even though the showcard used in this study asked whether attending both weddings and funerals was a necessity, clear distinctions were made in many group and individual interviews between these social activities:

*'Weddings [are] a luxury. She doesn't need to go. But a funeral is essential.'*

(female Bangladeshi group participant, speaking through interpreter)

*'You're more likely to go a funeral. You've got to make your mind up about a funeral in a very short space of time and you respond more quickly. A wedding you know long beforehand.'*

(male participant in 85+ group)

*'Well, touch wood, I've been to loads of weddings over the years and I don't think I'll be going to very many... I think they've become more of, how can you say it, a luxury these days. One thing, they can't afford to get married these days, can they? You know, things have changed. I think that's a luxury.'*

(woman with disabilities)

The following extract from the discussion with a group of older Irish people reflects the more general pattern. In addition to the sense that a funeral – in contrast to a wedding – was a more important, almost fundamental ritual, in the extract below an important connection is also made to the perceived costs of attending weddings, which often prevented older people from participating. Alongside travel costs, people mentioned costs associated with getting dressed up for the occasion and with buying a wedding present. Such costs tend not to arise when attending a funeral:

**Participant 1:** *Well, funerals are important, I think, aren't they, you know? They're one's friends, like, that have passed away and that sort of thing. That's important and it's contact as well with people you know when you go to a funeral*

*or a wedding. But if you go to a wedding then you've got to buy a big wedding present.*

**Participant 2:** *I don't go.*

**Participant 3:** *People are reluctant to go then, aren't they? You know, they can't afford it, like, you know.*

**Interviewer:** *Is that something that you would think about if there were a wedding or a funeral – about whether you could afford to go?*

**Participant 2:** *I was invited to two last year in Ireland and I couldn't go. I couldn't afford it.*

**Participant 3:** *I mean, weddings are very expensive these days, you know? Presents are expensive now and most pensioners on a hundred-and-odd pounds a week wouldn't be able to buy them, you know what I mean? There'd be other more important things, like their heating or the bills coming in. The phone bill coming in. So they'd have to bypass going to the wedding, like, you know. Wouldn't be able to afford [to go].*

## Luxury items: holidays, savings and presents

The themes of low expectations, financial coping strategies and exclusion ran throughout the discussions on what constituted necessities, and participants' stories offered clear insights into the implications for quality of life. Reflecting the complex relationship between these issues, there was often unanimity within and between the different groups of older people when discussing many of the potential items and activities.

While some items and activities were regarded as essential in some groups, in others they were deemed non-essential, or group members chose to disagree about whether they were essential or not. This applied, for example, to having a week's holiday each year. Most people aged 85 and over, and the informal carers involved in the following dialogue, felt this to be a necessity:

**Participant 1:** *I think it's a necessity. You do need to go somewhere and charge yourself, your batteries, up a bit.*

**Participant 2:** *You don't realise how much you miss it till you don't happen to go.*

However, older people of Bangladeshi and Irish origin could not reach a consensus on whether holidays represented a necessity or were to be seen as a luxury that they couldn't afford. Rural older people and travellers taking part in this study tended to express the view that holidays were not necessary.

There were also mixed views about other items and activities viewed by the majority of the population as necessities. This included buying presents for family or friends (or giving money instead):

*'It's awkward around Easter. I have 18 grandchildren, eight great-grandchildren. I can't buy Easter eggs. The money won't go that far.'*  
(female traveller)

*'She is saying if she had enough money then she wouldn't mind giving them. She would like to live in luxury.'*  
(Bangladeshi woman, speaking through interpreter)

*'[A necessity]. It's a feel-good factor, isn't it, being able to give? You know we aren't bothered about receiving. Funny, isn't it, that? As you get older, you aren't bothered about presents. You must, I think – as you get older – you must give. I don't know why.'*  
(disabled man, group participant)

Another issue was having regular savings:

*'I can't see that at our age you can get many rainy days.'*  
(male participant in 85+ group discussion commenting on saving for a rainy day)

**Interviewer:** *Regular savings of £10 a month for a rainy day: do you think that's a luxury or a necessity?*

**Participant:** *Well, I think when you become a pensioner, I think your rainy day's here. That's the problem with me parents, see, you know, they missed out on a lot of things saving for that rainy day, whereas I think, you know, they would have had a better quality of life I think if they'd spent a bit of it, you know, so I think that's a luxury really.*  
(woman with disabilities)

There was also debate on keeping the home decorated:

**Interviewer:** *Enough money to keep your home in a decent state of decoration?*

**Participant 1:** *Yes, that's important.*

**Participant 2:** *But you've got to pay someone to do it.*

**Interviewer:** *Can you afford to do that?*

**Participant 1:** *No, not really.*

**Participant 3:** *Not very often.*

**Participant 2:** *My son did the decorating for me and my wife before she died. All we had to do was find the paint and he did it all through. (disabled older people, group discussion)*

...on having home contents insurance:

*'[It's a necessity]. If anything happened, I would have nothing. But it took five years to find someone to insure us.'*  
(female traveller)

*'We regard it as important, but I can't pay for that.'*  
(female Bangladeshi, group participant)

...on replacing worn-out furniture:

*'Oh well, I don't bother now. I don't bother now. I used to...'*  
(rural older woman)

*'Well, it isn't a necessity because... Well, I don't know. It's just according how they, what they want. If you've got summat that's worn out and you think you, you know, I mean like same as me, I think to meself, I think sometimes, "Ooh, I'd like a different suite". Then I think, "Well, there's nothing up with it really", you know.'*  
(woman with disabilities)

...on having a small amount of money to spend on oneself:

*'If you've got it, you've got it. If you haven't, you haven't.'*  
(male carer)

*'It'd be very nice. It would be very nice to go and think, "Well, I'll go and have me hair done."'*  
(female carer)

*'Yes, that is a necessity. It's nice to have that little bit extra.'*

(woman with disabilities, group discussion)

...and having friends or family round for a meal, drink or snack:

*'Too tired. It would be a luxury that for me, it's not a necessity.'*

(female carer)

*'Yes, we do have them, yes. We try and keep as normal as possible, you know what I mean? Yes, that's a real necessity that is that he [husband with Parkinson's disease] keeps up having his meals and that with ordinary people.'*

(female carer)

*'Well, for me it's a luxury 'cos they're so far away.'*

(rural older woman)

*'I can't keep food in my house for any friend coming. If I see my friend coming and if I have got some little bit money, then I go [to the] shop. I buy something. If I got no money, I give [them a] cup of tea. But I can't keep money like that, because I got no money. How can I [buy] it and keep it in my house? Might be every week £10, £15 I spend on that. I can't do that!'*

(Bangladeshi man)

Whether items and activities are perceived as necessities or luxuries ultimately appeared to depend on individuals' current financial situation. Even where some people felt specific items were essential, they commented that they could not afford them. For example, on being asked whether the various items and activities represented on the showcards were necessities or not, one older Bangladeshi participant seemed to become quite agitated:

*'I can't afford it, the same question come around for everything. I don't need to look these things up!'*

## Quality of life

The interviews conducted as part of this study provide further evidence of the ways in which older people's experience of poverty in later life is shaped by an accumulation of disadvantages

throughout the life course (see also Scharf et al, 2005; Phillipson and Scharf, 2004). People whose adult lives are disrupted – for example, by uneven employment biographies, by the onset of chronic health problems and by the need to care for family members – disproportionately find themselves in poverty in later life. As a result, the quality of some participants' lives was greatly diminished:

*'My quality of life is nothing. I've got no life.'*

(female carer)

*'I don't think it's [i.e. quality of life] very good at the moment. I'm stuck here and nobody ever comes to see me. All I get is a girl that comes to clean for me and that's all I have.'*

(man aged 85 and over)

*'At the moment, there's nothing we can alter at the moment, but to improve the quality I don't think we can improve it at the moment because we're stuck in a situation, aren't we?'*

(male carer)

*'[My quality of life is] not as good as I used to have. Having a stroke, you don't realise how much it does to you. It takes that independence off you. I think he [husband who is main carer] tries too hard. We've been married 52 years.'*

(woman with disabilities, group participant)

*'I don't think much about it [quality of life]. I've been like this ten years [i.e. affected by a stroke] and I thought all my life would be in hospital and nursing homes. I get fed up to there. It's a long time.'*

(male nursing home resident)

## Beyond the basic necessities of life?

As noted earlier, in relation to perceptions about a pre-defined list of items and activities that constitute necessities of life, similarities between research participants by far outweighed any differences. However, in the research team's interviews and discussions older people were also invited to talk about other items and activities which they would regard as essential in terms of their well-being. While attention here is

focused on the distinctive features of particular groups' needs and experiences, there is also evidence to suggest that there are some necessities that are prioritised by disadvantaged older people as a whole.

### Social participation

For example, some groups emphasised the importance of social activities undertaken with other people over more individualised pursuits. Nursing home residents told us that they felt that having access to regular entertainment within the home was a necessity. For the Bangladeshi groups, it was felt to be especially important to have somewhere to meet and talk with people in similar circumstances. Speaking through an interpreter, one Bangladeshi woman commented:

*'This lady is saying normally they can't go out of the house because of family. But because of groups, women's groups, they can get together, which they feel happy about, because they can meet other people and they... I think they're doing some kind of gardening sessions and they can help each other with that. She is happy about going out. And she can have [the vegetables] for herself and she can give them to her friends.'*

(female Bangladeshi group participant)

Older Bangladeshi men and older Irish people also highlighted the need for places to meet. The fact that many of our group discussions took place in community centres is indicative of the often enormous contribution made by voluntary organisations in promoting older people's well-being.

*'[The community centre] needs the elderly people in here. But it needs support from the local government to help them because, yes, [the] centre can provide the facilities, the room, or the place to sit on, but the centre can't bear the cost of what is needed for the community.'*

(male Bangladeshi group participant)

### Keeping in touch

Being able to keep in touch with family members, and being accessible at all times of the

day and night, meant that some participants regarded having a mobile phone as being essential:

*'I've got a mobile but it was one of my grandson's – he gave it me. I don't use it a lot but I take it with me. That's why the doctor rang me, because he said I don't need to take John down to the surgery, if there's any problems he will ring me. So he does, do you see, now.'*

(Dorothy Ellis, rural carer)

*'I've had it for as long as mobiles have been out, I've had a phone – purely for to say to me dad, "Me mobile's on. You know where to get me." And you know the short dial? Their phones are all on short dial. Memory 1 – I'm Memory 1 at home and I'm Memory 2 mobile. So he knows he's just got pick it up and go 'Memory – 2'. So that gives him reassurance because he panics if Mum's not very well.'*

(female carer)

### Maintaining independence

In some groups, including people over the age of 85 and those with disabilities, having someone to provide casual help with household chores, personal care tasks and their particular mobility needs was felt to be important as a means of maintaining independence:

*'I've got a niece that comes to do my washing and cleaning once a week.'*

(man aged 85+, group discussion)

*'I'd like to go out, but I need to have a carer to take me out.'*

(woman aged 85 and over, group discussion)

*'I think we should get more help, you know, in getting about and that. I'd love it, I would, you know.'*

(woman aged 85+, group discussion)

Indeed, mobility and transport issues represented a recurring theme in several interviews and group discussions. People's views about mobility were quite divergent. While an older Irish participant mentioned the importance of having a walking stick to help with her mobility, and one nursing home resident stressed the need for a 'good pair of



slippers', for others, especially those in rural communities and informal carers, access to a car was felt to be essential:

*'You've got to make sure you can drive to be able to get out. I mean, I've got a car and a good [mechanic]. You know your car's kept up to standard. It's very important. It's very important, in case [husband with dementia] was ever taken ill any time, that the car will start... In rural areas you are dependent on the car. The car is a must, you know, to be able to get out and do things, you know.'*

(rural informal carer)

In a number of interviews, the ability to pay for an occasional taxi fare was mentioned as being a necessity:

*'She would normally walk because they don't have any transport. Now she can come by taxi but it's going to cost her and she's on benefits. But it would improve – her life would improve – if she could travel by car.'*

(female Bangladeshi, speaking through interpreter)

*'[I need] help with... carrying things because, because of, you know... I get a taxi or something when doing the shopping. You know, carrying bags and that – I find that a bit more difficult now.'*

(woman with disabilities)

## Home and neighbourhood

Disabled older people and informal carers also referred to certain types of housing adaptations as being necessities. This included such items as wheelchair ramps, a walk-in shower, grab rails fitted to baths and showers, and stair-lifts.

Residents of a nursing home and a participant in the discussion with disabled older people also referred to the importance of good, fitted carpets. These not only prevented people from slipping, but also reduced the chance that those with diabetes might cut themselves and become ill.

For participants living in some geographical areas, devices to secure the home and better neighbourhood street lighting were also felt to be important:

*'She believes that all homes should have alarms but she says where she is it's difficult even with an alarm.'*

(female Bangladeshi, speaking through an interpreter)

*'I've got burglar alarms, locking windows and double-locking doors... We had a break-in when we were younger and we were working.'*

(male carer)

## Individual needs

In some interviews, specific items and activities were mentioned that were important to particular individuals. This included a magnifying glass for someone whose sight was deteriorating, a mobility scooter for a disabled woman, and being able to meet the cost of one's funeral (noted by an Irish man). One of the travellers interviewed in this study also highlighted the difficulty of arranging home contents insurance on her property. Several women – but no men – commented on the importance of being able to visit the hairdresser on a regular basis:

*'I'd have me hair done whether I could afford it or not. To hell with it!'*

(female carer)

*'When I go have me hair cut, I only have me hair cut. I can do me hair, but I go every six weeks to have me hair cut and there's nobody or there's no way I wouldn't go. I'll stop doing anything, but I will not stop having me hair cut... If we couldn't afford it – put it this way, if it was either have your hair cut or get the house insured, I'd have me hair cut.'*

(female carer)

## Summary

The data presented in this report illustrate both individual and collective experiences of the disadvantage faced by many older people in Britain. The case studies point to variations between the experiences of different groups of older people, yet also show how disadvantage can accumulate for some individuals across the life course. For others, there are important life



events to contend with, including the onset of ill-health, the loss of loved ones, or retirement. These themes are also represented in the thematic analysis of interview data.

A key underlying feature of the narratives presented here concerns older people's values and expectations. In our view, older people's perceptions of necessities were heavily influenced by their past and current (limited) financial situation, and resulting low expectations. This is summed up well by the comment of one research participant:

*'I have enough to get by. That's all I needs, just enough... If I can't have it, I don't bother. I've never had it.'*

(older traveller)

This general pattern applied across all of the groups taking part in this study. While it is therefore important to capture the views of disadvantaged older people in the way it was done for this research project, these views ultimately present researchers and policy-makers with a challenge. Taken at face value, there would be an argument for reducing a list of necessities of daily life to the bare essentials of basic foodstuffs, durable clothing, heating, a telephone and the like. After all, these are the things that older people experiencing disadvantage appear to prioritise. However, given that older people's ability to participate adequately in broader society is contingent upon having access to more than the bare essentials, there continues to be a strong case for adopting a broader range of indicators with which to assess older people's material situation. To fail to do so would also draw attention away from the direct and indirect effects on health and well-being of limited material resources, with all of the implications that such effects hold.

# Conclusion



This section summarises the key themes arising from the empirical study and suggests some implications of the work for policy-makers and researchers.

## Key themes from the empirical study

### Conducting research with disadvantaged older people

In many ways it proved difficult to undertake the empirical study described in this report. It is one thing to identify potentially disadvantaged and hard-to-reach groups to engage in a study of their circumstances. It is something altogether different actually to proceed to recruit people from these groups to the research. For example, fieldwork took much longer than originally planned, simply because some groups proved harder to reach than others. That said, the research findings demonstrate the fundamental importance of exploring the diversity of poverty between and within different groups of older people. To the knowledge of the research team, this is the first time that such a study has been attempted, let alone completed.

### The importance of qualitative approaches

The research clearly demonstrates the importance of using qualitative approaches in order to capture the lived experiences of older people experiencing poverty and forms of disadvantage. The stories that emerged from this study convey the true impact of low incomes on older people's ability to participate in taken-for-granted activities, and the ways in which poverty diminishes the quality of many older people's daily lives. As such, the study contributes to a growing body of research which draws attention to the poor material conditions faced by many older people in Britain (Scharf et al, 2002, 2005; Scharf and Bartlam 2006; Whetstone, 2002).

### Low expectations

This research also reveals the often very low expectations of older people in relation to their living standards. The research team was sometimes genuinely shocked by the modest nature of what disadvantaged older people (in all groups) regarded as being everyday essentials. While all groups and individuals commented on the importance of maintaining their independence in terms of the quality of

their lives, not all regarded being able to afford to participate in common social activities – such as having friends or family around for meals or attending weddings – as necessities of life. This points to the degree to which the experience of poverty has been internalised by many disadvantaged older people over the course of their lives. Very few research participants had ever been very well off during their early years or their working lives, and most had consequently become accustomed to getting by on a modest income.

### **Prioritising the basics**

As a consequence of generally low expectations, there was a tendency within some groups for older people to prioritise only the most basic of necessities: access to food, heating and clothing. Indeed, participants described a variety of coping strategies that they used in order to attain these: for instance, buying food which was past its sell-by date, or making items such as canned soup last over several days. So while some individuals identified themselves as having basic items, this did not always mean that they could afford them in the conventional sense.

Items and activities that the general population regards as being necessary in terms of one's material well-being were identified by some groups and individuals as being luxuries or non-essentials. These included gifts for family members, having regular savings, home contents insurance, a small amount of money to spend on oneself, a week's holiday away from home, and having friends and family around for a meal. Participants' views about the necessity of attending weddings and funerals differed sharply. Generally, attending funerals was perceived to be a necessity, while attending weddings was seen to be something that was not essential.

### **Additional indicators of deprivation**

Given older people's low expectations, it sometimes proved difficult to identify other goods and activities – beyond those for which the researchers prompted – as being essential. However, evidence shows that different groups

of older people regard the following items as being necessities of life.

- Good-quality food was identified as an issue in some groups. For example, older Irish people commented on the high cost of fresh meat and fish. Bangladeshi men referred to their inability to afford fruit and vegetables that would be a diet staple in their country of origin.
- A good pair of slippers was mentioned by people with mobility problems, especially where carpets were worn and they were prone to falling.
- A mobile phone was felt by informal carers to be an essential means of keeping in touch with family members, and as a way of being accessible at all times of the day and night.
- The ability to pay people who do small jobs around the home (including window cleaning, decorating, gardening, and having someone to help with the shopping) was regarded as a necessity by some participants, including people aged 85 and over. Other people felt that being able to buy in professional caring help was a necessity.
- Many older people raised issues relating to mobility, with a range of forms of transport (including buses, taxis and mobility scooters) being mentioned by some as being necessities.
- Suitable places for older people to meet were felt to be important, especially by older Bangladeshi and Irish people.
- Several groups highlighted the importance of being able to secure one's home, and to have adequate street lighting and pavements so that they could move safely within their neighbourhood.

In future work, it would be useful to consider whether suitable indicators might be developed to reflect these particular needs.

### **Older people's messages for policy-makers**

Throughout the research participants expressed a sense of injustice about a wide range of issues.

Without repeating these messages in detail, the research team feels that it is useful to summarise the things that disadvantaged older people themselves regard as the main problems affecting their lives, and their expectations of government. Issues raised included:

- means-testing of benefits, which was seen to be unfair and unduly intrusive into people's lives;
- complexity of applying for benefits, with particular concerns expressed about the difficulty of completing forms for disability benefits;
- general inadequacy of the basic state pension, and the way in which this was upgraded only according to the annual rate of inflation;
- high levels of Council Tax and utility charges, which people on low, fixed incomes often found difficult to pay; and
- loss of services such as banks, post offices and transport in the local area, which made it harder for people to manage their daily lives.

These are familiar issues to researchers and policy-makers engaged in work with older people. However, the fact that these concerns are also raised by people belonging to some of the most disadvantaged groups in society makes a co-ordinated policy response even more urgent. Without external help, it would be very difficult for those taking part in this study to improve their lives.

## Implications for policy and research

Arising from these key themes, and from the experience of conducting this study, the research team would also like to highlight a number of implications for policy-makers and researchers in terms of older people's experiences of poverty and disadvantage.

### Diversity

In focusing on poverty in later life, it is important that sufficient account is taken of the diversity of experiences that increasingly characterise old age. Researchers have

been aware for a long time of the growing heterogeneity of Britain's ageing population, and have been conducting studies which explore the diverse circumstances of different groups within the older population. It is essential that this work continues, with some groups within the older population requiring even closer attention than has hitherto been the case.

In relation to material conditions, the research team would argue that further research relating to each of the groups involved in this study is needed. As reported here, the research carried out for this project was perhaps least successful in addressing the situation of people in institutional care settings. This group in particular merits more attention in future empirical studies.

This study clearly raises an agenda for future research on older people's material circumstances. However, it also presents a challenge for policy-makers. Too often, policy is formulated on the basis of assumptions about a standard experience of the life course and of later life. This study shows that such an approach is likely to overlook the needs of some of Britain's most vulnerable older people. National approaches must also increasingly take account of the diversity of older age.

### Informal social support

Evident throughout this research was the importance of community, social capital and strong support networks in the lives of disadvantaged older people. As some of the interview quotes testify, it is these structures which appear to be 'necessities' in making poverty and disadvantage 'bearable' for the participants in this study. For those fortunate enough to have them, family members and neighbours provide informal care, everyday support and social contacts which enable people to maintain a sense of independence despite often difficult circumstances arising from ill-health, disability, geographical location, ethnicity and the like. At the same time, however, in picking up the pieces, this group effectively helps hide from view the stark reality of poverty

and disadvantage among many older people in our society.

Moreover, in the case of informal carers, caring responsibilities not only take away carers' quality of life, but also, by virtue of structural constraints (such as inadequate pensions and care allowances), ensure that these individuals may themselves in turn become disadvantaged. There needs to be far greater recognition, especially in a financial sense, of the contribution of informal carers in helping to ameliorate the experience of poverty in disadvantaged groups. A challenge for future research will be somehow to uncover the stories of 'people who are worse-off', i.e. those sitting alone in bedsits without family or friends or, as Daniel O'Brien (one of the case study participants) points out, those seeking society at the pub. A key question remains: how do the experiences of later life of the least well-off and the most inaccessible older people challenge our preconceptions of poverty, disadvantage and social exclusion?

### **Access to information**

Another especially striking feature of this study concerns many research participants' 'poverty of knowledge' in relation to the welfare system and their lack of awareness of the range of benefits and support services available. Whether or not people find out about their entitlements often appeared to be a matter of luck, and, as other studies have shown, people are missing out on benefits (National Audit Office, 2002; Phillipson and Scharf, 2004). As a result of this inequality of access to benefits, some older people may be living in a greater state of poverty than necessary. This applies especially to the disadvantaged groups involved in this study, for whom even a small amount of extra money could make a huge difference to quality of life and well-being.

The research team would argue that there needs to be a system in place which mediates between disadvantaged individuals and the benefit system to ensure that people in poverty (in its varied meanings) have equal access to resources. At present, organisations such as the Carers' Association, Help the Aged and Citizens

Advice play a significant role in increasing awareness of benefit entitlement and helping people complete relevant forms. However, not everyone knows about these services or is in a position to access them. Furthermore, the forms to be filled in are laborious and off-putting and, as a result, people don't bother. This should be a matter of high concern for national and local government. The Sure Start to Later Life model recently proposed by the Social Exclusion Unit potentially provides a means of addressing some of these issues through improved co-ordination of neighbourhood services (Social Exclusion Unit, 2006).

### **Measuring older people's poverty**

This study inevitably also raises a number of issues in relation to the measurement of poverty in later life. The deprivation indicator approach described in this report continues to represent a useful tool when exploring older people's poverty. However, the problem arises that many older people living on fixed, low incomes do not recognise the degree to which they are disadvantaged in terms of their material resources. The consequence is that older people in poverty tend to view a rather narrow list of items as being essentials of life. This is probably important in terms of maintaining their own self-identities. However, the research team would strongly argue that attempts to build on the methodology of this study should seek to engage with a suitably broad list of deprivation indicators. These might also take into account some of the items and activities identified by research participants as being necessities of life.

While the team has made some progress in identifying additional items and activities that disadvantaged older people feel are necessary, the next stage of its work will seek to develop these into a broader set of indicators that can be used with older people.

Finally, on the basis of the study reported here, the research team has some general comments to make about the ways in which pensioner poverty is measured. In its view, government (and social researchers) should seek to use a range of approaches to measure older people's



poverty. The households-below-average-income (HBAI) approach is useful in charting the general picture, and the ways in which poverty changes over time. However, this approach tends to overlook the specific needs of key groups of older people, and to ignore the experiences of those at the very bottom of the income distribution. The consensual approach developed here (albeit with refinements) gives a slightly different view of older people's poverty and should increasingly be used in conjunction with the HBAI approach. However, to be effective, this needs to be added to regular data collection exercises. In our view, at least one of the regularly undertaken major national surveys – the Family Resources Survey, the British Household Panel Survey or the Office for National Statistics' omnibus surveys – could include a set of appropriate deprivation indicators, and monitor changes in older people's poverty over time. On the basis of the findings reported here, it would be advantageous if such national surveys could also feature 'booster' samples to reflect the experiences of at least some of the groups participating in this research.

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# Appendix 1 Methodology

## Methods

In the empirical component of the research reported here, the team has sought to develop aspects of the methodology used in previous work undertaken at Keele University (e.g. Scharf et al, 2002) and in the Poverty and Social Exclusion survey (Gordon et al, 2000; Pantazis et al, 2006). In addition to generating new empirical data, a key feature of this work is that it was intended to inform the development of alternative approaches to the measurement of older people's poverty. This reflects a view that measures of poverty that are perceived to be objective are often insufficient when it comes to addressing the breadth of poverty and the diverse ways in which poverty impacts on people's lives (Bernard, 2000, pp 75–6). As mentioned earlier, the approach adopted in this study explicitly focuses on the experiences of people who tend to be overlooked in much mainstream research on older people's incomes and material conditions.

## Ethics

While no obvious risks to collaborators and participants were involved, the study adhered to the comprehensive guidance laid out by the Social Research Association (SRA) and appropriate support mechanisms were developed. The research team prepared an accessible information sheet outlining the aims and objectives of the study (see Appendix 2). Informed consent was ensured prior to any research activity. Given the specific remit of the study, the team was concerned about the potential harm that might be caused to participants by frequent references to 'poverty' and 'disadvantage'. In the interview schedules and group discussion guides, the researchers sought to develop an approach that was appropriate and sensitive to participants' potentially difficult circumstances. Throughout this report pseudonyms have been used in order to protect the identities of the research participants.

The study was carried out in four discrete but closely linked phases: identification of stakeholders/gatekeepers and establishing

access; development of research tools; empirical data collection; and data analysis.

## Stakeholders/gatekeepers

Building on existing research relationships, and again on the advice of colleagues in Help the Aged and other experts, stakeholders and gatekeepers already working with the populations at the focus of the work were identified. These were limited to those individuals working in areas within relatively easy reach of the research team's base in the West Midlands. Such stakeholders were seen as key gatekeepers and their co-operation was fundamental in terms of identifying and gaining access to potential respondents, and in minimising any sense of threat that might be posed by the researchers as 'outsiders'. The gatekeepers who collaborated on the project worked in a variety of agencies, including a Citizens Advice Bureau, a community transport scheme, an Age Concern branch, an Irish community care organisation, and Help the Aged. In addition, essential support was received from an Asian Resource Centre and a Bangladeshi community centre.

## Research tools

In attempting to access the views of older people who might otherwise be overlooked in standard methodologies, the research adopted a multi-method qualitative approach. This involved the development of three research tools. The first was an interview guide to provide the format for semi-structured group discussions (see Appendix 3). A second interview guide was drawn up for use within the individual interviews. This addressed the issues in the group discussion guide, but also included more personal questions (see Appendix 4). The interview schedules and prompts for group discussions were developed in a way that enabled the researchers to identify a broad range of items and activities that older people feel are important in their lives. These include a selection of Poverty and Social Exclusion Survey questions

relating to material deprivation which allowed comparisons to be made between groups.

These tools were designed to draw together the most commonly adopted approaches used in exploring poverty (described earlier). In doing so, the research also sought to make links between relevant items and activities and older people's quality of life. As a result, both interview schedules incorporated the third research tool, a series of picture prompt cards which showed items identified in previous research as being necessities of life. The interview schedules and prompts enabled the researchers to explore the relevance of deprivation indicators in relation to forms of disadvantage (Scharf et al, 2005), including limited social relationships, lack of participation in civic activities, limited access to basic services, and perceived inadequacies associated with individuals' place of residence.

### Empirical data collection

As mentioned above, data collection occurred in two stages; group discussions and individual interviews. Gaining access was protracted and involved often difficult negotiations. Work began in January 2006 and was anticipated to take about four weeks, with the end of fieldwork scheduled for the end of February. In the event, gaining access to most groups was achieved in March and April, while in the case of the Bangladeshi older people negotiations to secure access continued until the end of May. It was clear that all of the stakeholders/gatekeepers work within busy environments constrained by scarce resources and that, while keen to support the research, finding the time and energy to do so placed a significant burden on them. This had a profound effect on the timescale of the study, which was greatly delayed, and the research team considers this to have important methodological implications for further research in this area.

#### Group interviews

Seven group discussions were conducted with 44 people aged 60 and over belonging to one

or more of the groups previously identified (see table 1), across five geographical areas. No group discussion was conducted with older gypsies and travellers, on the advice of stakeholders and other researchers. Instead, this group was involved in the second stage of data collection. In addition, no group discussion took place with people living in an institutional setting because of difficulties in group communications.

All interviews took place in locations convenient to those taking part in the research. Participants were paid a small honorarium as a means of recognising the value of their participation in the study, and refreshments were provided.

#### Individual interviews

In all, 23 semi-structured, in-depth individual interviews were undertaken with people belonging to the target populations but who had not been participants in the group interviews (see table 1). It had originally been intended to hold the group interviews first, and from those groups to draw upon snowballing techniques with an aim of engaging older people who were unable or unwilling to take part in group discussions. This strategy had been adopted with success in previous studies undertaken by the research team. Again, owing to access difficulties and consequent time delays, where individuals were identified through other means these interviews took place ahead of the group discussions.

No individual interviews took place with Bangladeshi older people. This was the group that proved most difficult to access because of the increased complexity in relation to gatekeeping, due to language barriers and the consequent need to use interpreters. Instead, two group interviews were held, one with older men and the other with older women. Individual interviews were generally conducted in the homes of older people consenting to take part in the research and again individuals were given an honorarium. While the showcards generally worked well with all groups, for practical reasons (associated with health problems and participants' ability to maintain their

concentration) it proved difficult to use the cards with people living in a nursing home.

### **Data analysis**

Data were analysed using a thematic content analysis approach. In reporting the research findings, the team drew heavily upon the often lengthy interview transcripts. However, there is a danger, when presenting such information, of losing the context in which research participants experience daily life. In order to provide a more rounded view of disadvantaged older people's lives, nine research participants were selected for more detailed case study analysis.



# Appendix 2 Information sheet

*Centre for Social Gerontology, Keele University*



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## Information sheet

### *Older People's Quality of Life and Living Standards*

#### Introduction

Researchers from Keele University, Staffordshire, are conducting a study about the quality of life and living standards of older people in England and Wales on behalf of Help the Aged. In the study, researchers will be examining the issues that affect older people's standard of living. This involves listening to the experiences of older people.

We would like to invite you to help in this research. By answering our questions you will be helping us to improve our knowledge of the important issues facing people in old age. The findings from the study will be used by Help the Aged in their campaigns to improve the quality of life for older people.

#### How have I been chosen to take part?

We will be interviewing older people from different backgrounds. Some people will be interviewed in groups and some individually. We are working with a range of organisations who have contact with older people and through which you have been invited to take part.

#### What will I have to do if I take part?

If you agree to take part, there are two ways in which you can do this. The first is by agreeing to take part in a group discussion involving older people from a similar background to yourself. The group discussion will last around an hour, and refreshments will be provided. Members of the research team will ask various questions and you will have the opportunity to participate in the discussion.

The second way to take part is by agreeing to be interviewed by a researcher who will visit you in your home at a time that is convenient to

you. This interview will also take around one hour to complete.

The answers you give to our questions will be treated in the strictest confidence. Absolutely no one outside the research team will have access to the information you provide, and the study's findings will be presented in such a way that no individuals will be identifiable.

#### Do I have to take part?

No, taking part is entirely voluntary. If you would prefer not to take part, you do not have to give a reason. If you decide to take part but later change your mind, you will be able to withdraw from the study at any time.

The research does not involve access to, or any use of, your personal information. Participation in the study will have no effect upon any services or support you may be receiving.

#### What do I do now?

If you wish to take part in the research, please let the person discussing this with you know, and we will get in touch to confirm arrangements.

Thank you very much for considering taking part in our research. Please discuss this information with your family or friends if you wish.

If you would like to know anything more about this research, please do not hesitate to contact the project leader on the telephone number given below. We do hope that you will be able to take part in this research, which will be of great value in increasing our knowledge about the needs of older people.

#### **Professor Thomas Scharf**

Project leader  
Centre for Social Gerontology  
Keele University  
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# Appendix 3 Interview guide (group interviews)

Older People's Quality of Life and Living Standards

*Centre for Social Gerontology, Keele University*

## Schedule for group discussions

### Welcome and introduction

We are part of a group of researchers from Keele University, Staffordshire, who are conducting a study about the quality of life and living standards of older people in England. The project is being supported by Help the Aged. In the study, researchers are examining the issues that affect older people's quality of life and standard of living. This involves listening to the experiences of older people.

We have invited you to help in this research because you belong to a group whose views are sometimes overlooked. By answering our questions you will be helping us to improve our knowledge of the important issues facing people in old age. We hope that the findings from the study will be used by Help the Aged in their campaigns to improve the quality of life for older people, including people like you.

### Introductions

- Introduce members of the research team
- Invite participants to introduce themselves

### Ethics

- Ensure that participants understand what the research involves
- Invite participants to sign consent forms

### Quality of life

*We would like to start by asking some questions about the quality of your lives.*

- (a) What, if anything, does the term 'quality of life' mean to you (to people in your situation)?

*Thinking in general terms about the good and bad aspects of your life...*

- (b) What is it that makes life good for people like you – that is, what are the things that give your life quality?

*(Probe 1: what is it about this that makes your life good?)*

*(Probe 2: what else makes your life good?)*

- (c) And what is it that makes life bad for people like you – that is the things that reduce the quality of your life?

*(Probe 1: what is it about this that reduces it? Can you tell me more about this?)*

*(Probe 2: what else makes your life bad?)*

- (d) Thinking about all of the good and bad things that you have mentioned, which one is the most important to you?

- (e) What single thing would improve the quality of your life?

### Standard of living questions

*We'd like to turn now to a different topic. This involves thinking about the standard of living of people in your situation.*

- (a) First of all, when I talk about 'standard of living' what, if anything, does this mean to you?
- (b) Thinking about Britain today, who do you think has a good standard of living? Who has a poor standard of living?
- (c) In general terms, do you think that older people in Britain have a good or a poor standard of living?
- (d) Thinking about people in your circumstances, would you say that you have a good standard of living?

- (e) Could you tell me what sorts of things you – as older *[insert group type]* people – feel you need in order to have a good standard of living?

### Necessities of life exercise

*We'd now like you to think about some of the things that people might regard as necessities in life.*

#### [Distribute display cards – 2/3 per person]

These cards show some of the items and activities that people might regard as necessities – that is things that people should have in order to have a decent standard of living.

We are interested to hear your views about these things because we don't know whether people such as you think that these things are necessities.

**We'd like you to think about the cards you have been given, and with the person sitting next to you discuss whether you think that the items on your cards are necessities or not.**

- (a) Now, let's have a discussion about the cards. Let's try to put the cards into two piles. In the first pile we will put the items that you feel are necessities. The second pile is for things that you don't feel are necessities. Please tell us why you are choosing to put the items into each pile.

*(Try to explore participants' responses. Think about differences between material goods, social activities, cultural patterns)*

- (b) Are there any other items or activities that you – as *[insert group type]* – would also regard as necessities? Prompts:

- transport
- security in and around the home
- mobility aids
- help with tasks around the home

- (d) In general, are there extra things that you feel older people in your circumstances need in later life that you don't need at other

times of your life in order to have a good standard of living?

- (e) What types of things, if any, do you feel that people in your circumstances have to go without?
- (f) Does going without such things limit your life in any way?
- (g) Try to probe for impacts on: social relationships, participation in civic activities, access to services, engagement in/around the local community

### And finally...

*We are nearly finished now, but have two more questions.*

- (a) In general terms, do you think that there is anything that is unusual about *[insert group type]* that people in government should take account of?
- (b) And **finally**, we are doing this research for Help the Aged. If there was one message that you would like us to pass on about the situation of older people, such as yourselves, what would that message be?

**Thank participants for taking part in the study.**

*Invite participants to be kept in touch with Help the Aged (using additional consent form)*

# Appendix 4 Interview guide (individual interviews)

Older People's Quality of Life and Living Standards

*Centre for Social Gerontology, Keele University*

## Schedule for face-to-face interviews

### Introduction

I belong to a group of researchers from Keele University, Staffordshire, who are conducting a study about the quality of life and living standards of older people in England. The project is being supported by Help the Aged.

In the study, researchers are examining the issues that affect older people's quality of life and standard of living. This involves listening to the experiences of older people.

We have invited you to help in this research because the views of people like you are sometimes overlooked. By answering our questions you will be helping us to improve our knowledge of the important issues facing people in old age. We hope that the findings from the study will be used by Help the Aged in their campaigns to improve the quality of life for older people.

### Researcher: ethics

- Ensure that participant understands what the research involves
- Invite participant to sign consent forms

### Storyboard

Thinking about your quality of life and your standard of living, it would be good to know how you feel about them – the sorts of things that you are happy with, that you enjoy, and the sorts of things that you feel concern about, that worry you. It would also be interesting to know about the ways in which you feel that things could be improved for people in your position, and how you think this should best be done. It would also be good to know how you feel your position has changed as you have grown older, and whether you feel these things are better now, or more difficult.

Does that feel OK/are you happy to talk along these lines? OK, so then, perhaps you would like to begin by telling me something about your quality of life and your standard of living – the sorts of things that you are happy with, that you enjoy, and the sorts of things that you feel concern about, that worry you.

### Researcher: prompts

- Use prompts to draw out the issues in the list of questions below that are not contained within the respondent's narrative.

### Quality of life

*I would like to start by asking some questions about the quality of your life.*

- (a) What, if anything, does the term 'quality of life' mean to you?

*Thinking in general terms about the good and bad aspects of your life...*

- (b) What is it that makes your life good – that is, what are the things that give your life quality?

*(Probe 1: what is it about this that makes your life good?)*

*(Probe 2: what else makes your life good?)*

- (c) And what is it that makes your life bad – that is the things that reduce the quality of your life?

*(Probe 1: what is it about this that reduces it? Can you tell me more about this?)*

*(Probe 2: what else makes your life bad?)*

- (d) Thinking about all of the good and bad things that you have mentioned, which one is the most important to you?

- (e) What single thing would improve the quality of your life?

### Standard of living

*I'd like to turn now to a different topic. This involves thinking about the standard of living of people like you...*

- (a) First of all, when I talk about 'standard of living' what, if anything, does this mean to you?
- (b) Thinking about Britain today, who do you think has a good standard of living? Who has a poor standard of living?
- (c) In general terms, do you think that older people in Britain have a good or a poor standard of living?
- (d) Thinking about your own circumstances, would you say that you have a good standard of living? (*Probe: Why?*)
- (e) Could you tell me what sorts of things that you – as an older person [*insert group type*] – feel you need in order to have a good standard of living?
- (f) In general, are there extra things that you feel older people in your circumstances need in later life that you don't need at other times of your life in order to have a good standard of living?

### Necessities

#### [Use display cards]

*I'd now like you to think about some of the things that people might regard as necessities in life.*

These cards show some of the items and activities that people might regard as necessities – that is, things that people should have in order to have a decent standard of living.

We are interested to hear your views about these things because we don't know whether people such as you think that these things are necessities.

- (a) Let's try to put the cards into two piles. In the first pile we will put the items that you feel are necessities. The second pile is for things that you don't feel are necessities.

Please tell me why you are choosing to put the items into each pile.

*(Probe: why do you think this is a necessity? Why do you think this is not a necessity?)*

- (b) Are there any other items or activities that you – as an older person [*insert group type*] – would also regard as necessities? *Prompts:*
  - transport
  - security in and around the home
  - mobility aids
  - help with tasks around the home
- (c) Turning back to the display cards, are there any of these items that you don't have? (*If participant does not have item, ask: Is that because you can't afford it or for some other reason?*)
- (d) Are there other things that you feel that you have to go without?

*Try to probe: buying clothes; buying shoes; food; heating; telephoning friends or family; going out; visits to the pub; visits to a club for older people; a day trip with family or friends; a hobby or sport.*

*Try to probe for frequency of going without items/activities.*

- (e) *If appropriate:* Does going without these items limit your life in any way?

*(Probe for impacts on: social relationships, participation in civic activities, access to services, engagement in/around the local community)*

### Financial situation

*The next questions are about financial matters. I would like to remind you that all answers you give are confidential.*

*Thinking about your own situation...*

- (a) How easy or difficult do you find it to manage on your current income?
- (b) When you go shopping, do you ever have to make difficult decisions about what you can afford to buy?



(c) After you have bought the things you need, do you ever have any money left over to put to one side? (If so, what do you usually use this money for?)

(d) How does your standard of living compare with that during your childhood/early adult life/mid-life etc?

*(Probe: explore patterns of change in participant's financial circumstances over time)*

(e) Looking back over your life, have there ever been times when you think you have lived in poverty by the standards of that time? (If so, how often?)

*Thinking about paying the household bills...*

(a) Have there been times during the past year when you were seriously behind in paying within the time allowed for any household bills?

(b) In recent years, have you ever been disconnected from any utility services?  
*(Prompt: water supply; gas supply; electricity; telephone)*

(c) Do you ever use less of any utilities because money is tight? *(Prompt: water supply; gas supply; electricity; telephone)*

(d) Are there ever times when you have to borrow money from friends or family in order to pay for your day-to-day needs? *(If yes, prompt: friends or family? How often?)*

(e) And are there times when you have to borrow money from pawnbrokers or money lenders, in order to pay for your day-to-day needs? *(If yes, prompt: pawnbroker or money lender? How often?)*

Some people claim benefits in addition to their state pension.

(a) Have you ever tried to increase your income by applying for state benefits? (e.g. Council Tax Benefit, Housing Benefit, Pension Credit, disability benefits, Social Fund etc.)

*(Probe: why did you apply/not apply for state benefits? What was the outcome?)*

(b) If for some reason you needed advice on state benefits, where would you go to find such advice?

### And finally...

*We are nearly finished now, but have a few more questions.*

(a) In general terms, do you think that there is anything that is unusual about *[insert group type]* that people in government should take account of?

(b) And **finally**, we are doing this research for Help the Aged. If there was one message that you would like us to pass on about the situation of older people, such as yourselves, what would that message be?

### Thank participant for taking part in the study.

*Invite participant to be kept in touch with Help the Aged (using additional consent form).*





Perceptions of what constitute the everyday essentials are, for many older people, startlingly modest. As this research report shows, people in some of the most disadvantaged sections of society expect very little of life and do not regard themselves as being deprived, or as living in poverty. In older age, as in their earlier existence, they make do with very little and accept the limitations dictated by their financial circumstances.

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